



63967201020100100

ANNUAL STATEMENT

For the Year Ended December 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Government Personnel Mutual Life Insurance Company

NAIC Group Code	4712	0000	NAIC Company Code	63967	Employer's ID Number	74-0651020
	(Current Period)	(Prior Period)				
Organized under the Laws of	Texas		State of Domicile or Port of Entry	Texas		
Country of Domicile	United States					
Incorporated/Organized:	May 15, 1934		Commenced Business	October 9, 1934		
Statutory Home Office	2211 N.E. Loop 410		San Antonio, TX	78217		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office:	2211 N.E. Loop 410					
	(Street and Number)					
	San Antonio, TX	78217		210-357-2222		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address:	GPM Life Bldg - P.O. Box 659567		San Antonio, TX	78265-9567		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records:	2211 N.E. Loop 410		San Antonio, TX	78217	210-357-2222	
	(Street and Number)			(City or Town, State and Zip Code)	(Area Code) (Telephone Number)	
Internet Web Site Address	www.gpmlife.com					
Statutory Statement Contact:	Lourdes Mendoza		210-357-2222	X2809		
	(Name)		(Area Code) (Telephone Number)	(Extension)		
	alm@gpmlife.com			210-357-6722		
	(E-Mail Address)			(Fax Number)		

OFFICERS

	Name	Title
1.	Peter John Hennessey III	Chairman of the Board, President and CEO
2.	Charles Alan Ferguson	Sr. VP, General Counsel and Secretary
3.	Maria de Lourdes Mendoza	Vice President and Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Pamela A Hutchins	Sr. Vice President and Chief Actuary	William Martin Hoffman	Sr. Vice President-Info. Systems
Peter John Hennessey IV	Sr. Vice President-Marketing	Charles Alan Ferguson	Sr. Vice President, General Counsel, and Secretary

DIRECTORS OR TRUSTEES

Peter John Hennessey III - Chairman	Eugene Emil Habiger	Maria de Lourdes Mendoza	Susan Lewellyn Pamerleau
Pamela A Hutchins	Charles Alan Ferguson	Neal Thomas Jaco	James Rudolph Reed
Roy Clark Boddy	Peter John Hennessey IV		

State of Texas

County of Bexar ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Peter John Hennessey III	Charles Alan Ferguson	Maria de Lourdes Mendoza
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman of the Board, President and CEO	Sr. VP, General Counsel and Secretary	Vice President and Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me on this

day of February, 2011, by

a. Is this an original filing? [X] Yes [] No

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached



63967201043001100

DIRECT BUSINESS IN THE STATE OF: ALABAMA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,217,499		591,093		1,808,592
2. Annuity considerations	1,789				1,789
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,219,288		591,093		1,810,381
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	24,393				24,393
6.2 Applied to pay renewal premiums	1,072				1,072
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	71,511				71,511
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	96,976				96,976
Annuities:					
7.1 Paid in cash or left on deposit	2,161				2,161
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	2,161				2,161
8. Grand Totals (Lines 6.5 plus Line 7.4)	99,137				99,137
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	770,147		309,480		1,079,627
10. Matured endowments					
11. Annuity benefits	57,371				57,371
12. Surrender values and withdrawals for life contracts	131,517				131,517
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	2,629				2,629
15. Total	961,664		309,480		1,271,144

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	102,321			5	267,040			20	369,361
17. Incurred during current year	89	783,394			24	330,691			113	1,114,085
Settled during current year:										
18.1 By payment in full	92	770,147			22	309,480			114	1,079,627
18.2 By payment on compromised claims										
18.3 Total paid	92	770,147			22	309,480			114	1,079,627
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	92	770,147			22	309,480			114	1,079,627
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	115,568			7	288,251			19	403,819
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,331	47,441,158	(a)			241,065,556			2,331	288,506,714
21. Issued during year	384	7,335,634							384	7,335,634
22. Other changes to in force (Net)	(241)	(3,096,085)				(5,060,666)			(241)	(8,156,751)
23. In force December 31, current year	2,474	51,680,707	(a)			236,004,890			2,474	287,685,597

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	41,515	41,809		27,046	30,369
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,926	8,865		1,953	2,861
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,926	8,865		1,953	2,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	53,441	50,674		28,999	33,230

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: ALASKA
DURING THE YEAR 2010



63967201043002100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
1. Life insurance	42,572			162,475		205,047				
2. Annuity considerations										
3. Deposit-type contract funds			X X X		X X X					
4. Other considerations										
5. Totals (Lines 1 to 4)	42,572			162,475		205,047				
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	2,205					2,205				
6.2 Applied to pay renewal premiums	283					283				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,244					12,244				
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	14,732					14,732				
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	14,732					14,732				
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	5,090					5,090				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	5,090					5,090				
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
					1				1	
	Settled during current year:									
	18.1 By payment in full				1				1	
	18.2 By payment on compromised claims									
	18.3 Total paid				1				1	
	18.4 Reduction by compromise									
	18.5 Amount rejected									
18.6 Total settlements					1			1		
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
	20. In force December 31, prior year	89	4,185,003	(a)		108,191,338			89	112,376,341
	21. Issued during year	2	637,637						2	637,637
	22. Other changes to in force (Net)	(4)	(65,871)			(4,698,193)			(4)	(4,764,064)
	23. In force December 31, current year	87	4,756,769	(a)		103,493,145			87	108,249,914

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	5,070	5,049		2,880	2,440
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,070	5,049		2,880	2,440

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: ARIZONA
DURING THE YEAR 2010



63967201043003100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	704,655		517,959		1,222,614
2. Annuity considerations	80,802				80,802
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	785,457		517,959		1,303,416
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	20,565				20,565
6.2 Applied to pay renewal premiums	5,036				5,036
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	88,197				88,197
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	113,798				113,798
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	113,798				113,798
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,009,988		375,365		1,385,353
10. Matured endowments					
11. Annuity benefits	3,275				3,275
12. Surrender values and withdrawals for life contracts	248,123				248,123
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	4,138				4,138
15. Total	1,265,524		375,365		1,640,889

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	50,780			2	29,536			6	80,316
17. Incurred during current year	34	1,015,440			14	348,392			48	1,363,832
Settled during current year:										
18.1 By payment in full	31	1,009,988			15	375,365			46	1,385,353
18.2 By payment on compromised claims										
18.3 Total paid	31	1,009,988			15	375,365			46	1,385,353
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	31	1,009,988			15	375,365			46	1,385,353
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	56,232			1	2,563			8	58,795
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,174	66,390,556	(a)			239,352,559			1,174	305,743,115
21. Issued during year	25	3,978,995							25	3,978,995
22. Other changes to in force (Net)	(74)	(5,988,141)				(4,103,065)			(74)	(10,091,206)
23. In force December 31, current year	1,125	64,381,410	(a)			235,249,494			1,125	299,630,904

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,629	24,862		16,836	16,886
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,398	26,616		18,113	26,534
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	36,398	26,616		18,113	26,534
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,027	51,478		34,949	43,420

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: ARKANSAS
DURING THE YEAR 2010



63967201043004100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	867,426		196,033		1,063,459
2. Annuity considerations	33,594				33,594
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	901,020		196,033		1,097,053
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	17,692				17,692
6.2 Applied to pay renewal premiums	2,031				2,031
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	65,080				65,080
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	84,803				84,803
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	84,803				84,803
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	621,495		136,308		757,803
10. Matured endowments					
11. Annuity benefits	54,153				54,153
12. Surrender values and withdrawals for life contracts	416,043				416,043
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	4,289				4,289
15. Total	1,095,980		136,308		1,232,288

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	43,500			1	15,300			6	58,800
17. Incurred during current year	45	597,995			12	122,283			57	720,278
Settled during current year:										
18.1 By payment in full	47	621,495			12	136,308			59	757,803
18.2 By payment on compromised claims										
18.3 Total paid	47	621,495			12	136,308			59	757,803
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	47	621,495			12	136,308			59	757,803
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	20,000			1	1,275			4	21,275
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,594	93,080,058	(a)			94,100,050			1,594	187,180,108
21. Issued during year	47	9,956,910							47	9,956,910
22. Other changes to in force (Net)	(96)	(3,131,982)				(5,436,212)			(96)	(8,568,194)
23. In force December 31, current year	1,545	99,904,986	(a)			88,663,838			1,545	188,568,824

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	18,424	18,635		4,961	2,624
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	308	103			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	308	103			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,732	18,738		4,961	2,624

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: CALIFORNIA
DURING THE YEAR 2010



63967201043005100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,628,227		1,437,871		6,066,098
2. Annuity considerations	75,553				75,553
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	4,703,780		1,437,871		6,141,651
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	193,544				193,544
6.2 Applied to pay renewal premiums	61,704				61,704
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	880,432				880,432
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,135,680				1,135,680
Annuities:					
7.1 Paid in cash or left on deposit	198				198
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	198				198
8. Grand Totals (Lines 6.5 plus Line 7.4)	1,135,878				1,135,878
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,355,727		1,166,482		4,522,209
10. Matured endowments	3,424				3,424
11. Annuity benefits	436,248				436,248
12. Surrender values and withdrawals for life contracts	3,426,360				3,426,360
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	73,944				73,944
15. Total	7,295,703		1,166,482		8,462,185

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	16	240,244			18	482,046			34	722,290
17. Incurred during current year	145	3,321,908			58	1,134,364			203	4,456,272
Settled during current year:										
18.1 By payment in full	141	3,359,151			61	1,166,482			202	4,525,633
18.2 By payment on compromised claims										
18.3 Total paid	141	3,359,151			61	1,166,482			202	4,525,633
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	141	3,359,151			61	1,166,482			202	4,525,633
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	203,001			15	449,928			35	652,929
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,503	581,811,185	(a)			738,190,703			9,503	1,320,001,888
21. Issued during year	289	18,551,368							289	18,551,368
22. Other changes to in force (Net)	(500)	(32,593,470)				(57,423,931)			(500)	(90,017,401)
23. In force December 31, current year	9,292	567,769,083	(a)			680,766,772			9,292	1,248,535,855

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	20,835	21,440		5,445	18,638
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,835	21,440		5,445	18,638

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 4.

DIRECT BUSINESS IN THE STATE OF: COLORADO
DURING THE YEAR 2010



63967201043006100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	810,781		467,419		1,278,200
2. Annuity considerations	13,558				13,558
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	824,339		467,419		1,291,758
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	47,484				47,484
6.2 Applied to pay renewal premiums	3,684				3,684
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	133,269				133,269
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	184,437				184,437
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	184,437				184,437
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	537,398		233,949		771,347
10. Matured endowments					
11. Annuity benefits	41,000				41,000
12. Surrender values and withdrawals for life contracts	801,376				801,376
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	2,291				2,291
15. Total	1,382,065		233,949		1,616,014

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	62,760			5	86,326			10	149,086
17. Incurred during current year	18	474,638			16	377,262			34	851,900
Settled during current year:										
18.1 By payment in full	23	537,398			17	233,949			40	771,347
18.2 By payment on compromised claims										
18.3 Total paid	23	537,398			17	233,949			40	771,347
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	23	537,398			17	233,949			40	771,347
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					4	229,639			4	229,639
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,592	108,888,596	(a)			242,488,124			1,592	351,376,720
21. Issued during year	36	2,424,830							36	2,424,830
22. Other changes to in force (Net)	(86)	(8,646,798)				(4,461,893)			(86)	(13,108,691)
23. In force December 31, current year	1,542	102,666,628	(a)			238,026,231			1,542	340,692,859

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,257	16,304		8,772	16,943
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,257	16,304		8,772	16,943

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043007100

DIRECT BUSINESS IN THE STATE OF: CONNECTICUT
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	241,542		74,852		316,394
2. Annuity considerations	35,505				35,505
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	277,047		74,852		351,899
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	12,003				12,003
6.2 Applied to pay renewal premiums	2,307				2,307
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,036				28,036
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	42,346				42,346
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	42,346				42,346
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	92,038		143,331		235,369
10. Matured endowments					
11. Annuity benefits	395,419				395,419
12. Surrender values and withdrawals for life contracts	442,924				442,924
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,486				3,486
15. Total	933,867		143,331		1,077,198

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	5,000			2	140,960			3	145,960
17. Incurred during current year	7	94,532			1	3,901			8	98,433
Settled during current year:										
18.1 By payment in full	7	92,038			2	143,331			9	235,369
18.2 By payment on compromised claims										
18.3 Total paid	7	92,038			2	143,331			9	235,369
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	92,038			2	143,331			9	235,369
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,494			1	1,530			2	9,024
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	692	41,545,248	(a)			34,797,056			692	76,342,304
21. Issued during year	5	452,322							5	452,322
22. Other changes to in force (Net)	(31)	(2,354,050)				10,040,153			(31)	7,686,103
23. In force December 31, current year	666	39,643,520	(a)			44,837,209			666	84,480,729

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,759	5,972		4,282	6,382
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,759	5,972		4,282	6,382

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: DELAWARE
DURING THE YEAR 2010



63967201043008100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	35,528				101,052				136,580	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	35,528				101,052				136,580	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	4,225								4,225	
6.2 Applied to pay renewal premiums	202								202	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,493								12,493	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	16,920								16,920	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	16,920								16,920	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	45,193				3,328				48,521	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	11,050								11,050	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	264								264	
15. Total	56,507				3,328				59,835	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	45,193			2	66,823			5	112,016
Settled during current year:										
18.1 By payment in full	3	45,193			1	3,328			4	48,521
18.2 By payment on compromised claims										
18.3 Total paid	3	45,193			1	3,328			4	48,521
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	45,193			1	3,328			4	48,521
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	63,495			1	63,495
POLICY EXHIBIT										
					No. of Policies					
	133	2,355,954	(a)			45,387,121			133	47,743,075
	7	101,500							7	101,500
	(3)	(42,047)				276,536			(3)	234,489
	137	2,415,407	(a)			45,663,657			137	48,079,064

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	3,940	3,988		33,598	2,967
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,940	3,988		33,598	2,967

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.

DIRECT BUSINESS IN THE STATE OF: DISTRICT OF COLUMBIA
DURING THE YEAR 2010



63967201043009100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	206,600		20,026		226,626
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	206,600		20,026		226,626
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	2,795				2,795
6.2 Applied to pay renewal premiums	86				86
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	25,291				25,291
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	28,172				28,172
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	28,172				28,172
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	40,707				40,707
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	94,157				94,157
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	102				102
15. Total	134,966				134,966

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	11,589							1	11,589
17. Incurred during current year	2	45,822			2	1,538			4	47,360
Settled during current year:										
18.1 By payment in full	2	40,707			1				3	40,707
18.2 By payment on compromised claims										
18.3 Total paid	2	40,707			1				3	40,707
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	40,707			1				3	40,707
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	16,704			1	1,538			2	18,242
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	388	22,000,592	(a)			10,213,984			388	32,214,576
21. Issued during year	4	351,971							4	351,971
22. Other changes to in force (Net)	(22)	(666,347)				(352,004)			(22)	(1,018,351)
23. In force December 31, current year	370	21,686,216	(a)			9,861,980			370	31,548,196

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)				1,319	3,260
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				1,319	3,260

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: FLORIDA
DURING THE YEAR 2010



63967201043010100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total			
1. Life insurance		3,799,427			2,086,073				5,885,500			
2. Annuity considerations		33,849							33,849			
3. Deposit-type contract funds			X X X				X X X					
4. Other considerations												
5. Totals (Lines 1 to 4)		3,833,276			2,086,073				5,919,349			
DIRECT DIVIDENDS TO POLICYHOLDERS												
Life Insurance:												
6.1 Paid in cash or left on deposit		140,484							140,484			
6.2 Applied to pay renewal premiums		25,327							25,327			
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		385,525							385,525			
6.4 Other												
6.5 Totals (Sum of Lines 6.1 to 6.4)		551,336							551,336			
Annuities:												
7.1 Paid in cash or left on deposit		5							5			
7.2 Applied to provide paid-up annuities												
7.3 Other												
7.4 Totals (Sum of Lines 7.1 to 7.3)		5							5			
8. Grand Totals (Lines 6.5 plus Line 7.4)		551,341							551,341			
DIRECT CLAIMS AND BENEFITS PAID												
9. Death benefits		2,838,160			858,770				3,696,930			
10. Matured endowments		65,525							65,525			
11. Annuity benefits		430,695							430,695			
12. Surrender values and withdrawals for life contracts		1,302,842							1,302,842			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid												
14. All other benefits, except accident & health		9,193							9,193			
15. Total		4,646,415			858,770				5,505,185			
DETAILS OF WRITE-INS												
1301.				NONE								
1302.												
1303.												
1398. Summary of remaining write-ins for Line 13 from overflow page												
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)												
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
		1	2	3	4	5	6	7	8	9	10	
		No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
		16. Unpaid December 31, prior year	15	127,241			7	101,453			22	228,694
		17. Incurred during current year	115	2,875,453			80	1,326,735			195	4,202,188
		Settled during current year:										
		18.1 By payment in full	120	2,903,685			59	858,770			179	3,762,455
		18.2 By payment on compromised claims										
		18.3 Total paid	120	2,903,685			59	858,770			179	3,762,455
		18.4 Reduction by compromise										
POLICY EXHIBIT												
						No. of Policies						
		20. In force December 31, prior year	6,024	387,378,985	(a)		831,811,653			6,024	1,219,190,638	
		21. Issued during year	223	24,878,188						223	24,878,188	
		(413)	(29,322,022)			(17,527,937)			(413)	(46,849,959)		
		5,834	382,935,151	(a)		814,283,716			5,834	1,197,218,867		

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	197,065	199,853		104,578	93,488
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,025	1,342			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,025	1,342			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	200,090	201,195		104,578	93,488

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: GEORGIA
DURING THE YEAR 2010



63967201043011100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	2,562,742				1,220,719				3,783,461	
2. Annuity considerations	106,411								106,411	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	2,669,153				1,220,719				3,889,872	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	39,880								39,880	
6.2 Applied to pay renewal premiums	4,716								4,716	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	151,942								151,942	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	196,538								196,538	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	196,538								196,538	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	1,881,555				791,174				2,672,729	
10. Matured endowments										
11. Annuity benefits	57,476								57,476	
12. Surrender values and withdrawals for life contracts	683,548								683,548	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	5,941								5,941	
15. Total	2,628,520				791,174				3,419,694	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	234,023			4	6,120			19	240,143
17. Incurred during current year	120	1,717,532			42	879,092			162	2,596,624
Settled during current year:										
18.1 By payment in full	124	1,881,555			38	791,174			162	2,672,729
18.2 By payment on compromised claims										
18.3 Total paid	124	1,881,555			38	791,174			162	2,672,729
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	124	1,881,555			38	791,174			162	2,672,729
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	70,000			8	94,038			19	164,038
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	4,457	279,361,074	(a)			579,672,804			4,457	859,033,878
21. Issued during year	636	22,962,396							636	22,962,396
22. Other changes to in force (Net)	(436)	(21,177,278)				(21,535,840)			(436)	(42,713,118)
23. In force December 31, current year	4,657	281,146,192	(a)			558,136,964			4,657	839,283,156

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	66,238	66,713		56,176	119,165
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	61,746	46,792		25,692	37,636
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	61,746	46,792		25,692	37,636
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	127,984	113,505		81,868	156,801

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: HAWAII
DURING THE YEAR 2010



63967201043012100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	697,146		247,130		944,276
2. Annuity considerations	1,601				1,601
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	698,747		247,130		945,877
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	7,309				7,309
6.2 Applied to pay renewal premiums	6,181				6,181
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	68,774				68,774
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	82,264				82,264
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	82,264				82,264
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	593,370		24,280		617,650
10. Matured endowments					
11. Annuity benefits	18,924				18,924
12. Surrender values and withdrawals for life contracts	500,937				500,937
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	1,113,231		24,280		1,137,511

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	38,957			2	101,530			4	140,487
17. Incurred during current year	9	554,413			3	(77,250)			12	477,163
Settled during current year:										
18.1 By payment in full	11	593,370			5	24,280			16	617,650
18.2 By payment on compromised claims										
18.3 Total paid	11	593,370			5	24,280			16	617,650
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	11	593,370			5	24,280			16	617,650
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,560	163,614,501	(a)			126,164,147			1,560	289,778,648
21. Issued during year	64	10,128,266							64	10,128,266
22. Other changes to in force (Net)	(125)	(16,913,606)				(5,260,188)			(125)	(22,173,794)
23. In force December 31, current year	1,499	156,829,161	(a)			120,903,959			1,499	277,733,120

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,943	2,047		1,118	30,150
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,943	2,047		1,118	30,150

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201043013100

DIRECT BUSINESS IN THE STATE OF: IDAHO
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	98,369				110,103				208,472	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	98,369				110,103				208,472	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	4,545								4,545	
6.2 Applied to pay renewal premiums	177								177	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	13,187								13,187	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	17,909								17,909	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	17,909								17,909	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	132,764				261,500				394,264	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	1,714								1,714	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	1,291								1,291	
15. Total	135,769				261,500				397,269	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	9	130,764			5	264,000			14	394,764
Settled during current year:										
18.1 By payment in full	9	132,764			4	261,500			13	394,264
18.2 By payment on compromised claims										
18.3 Total paid	9	132,764			4	261,500			13	394,264
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	132,764			4	261,500			13	394,264
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,000			1	2,500			2	5,500
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	172	2,309,194		(a)		60,275,181			172	62,584,375
21. Issued during year	5	232,800							5	232,800
22. Other changes to in force (Net)	(9)	(110,039)				(3,925,408)			(9)	(4,035,447)
23. In force December 31, current year	168	2,431,955		(a)		56,349,773			168	58,781,728

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	12,363	12,460		7,155	6,593
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,363	12,460		7,155	6,593

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043014100

DIRECT BUSINESS IN THE STATE OF: ILLINOIS
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	888,347		414,782		1,303,129
2. Annuity considerations	720				720
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	889,067		414,782		1,303,849
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	25,283				25,283
6.2 Applied to pay renewal premiums	2,161				2,161
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	62,649				62,649
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	90,093				90,093
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	90,093				90,093
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	569,936		135,815		705,751
10. Matured endowments					
11. Annuity benefits	19,412				19,412
12. Surrender values and withdrawals for life contracts	213,225				213,225
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	298				298
15. Total	802,871		135,815		938,686

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	11	108,283			3	104,080			14	212,363
17. Incurred during current year	39	527,789			5	35,235			44	563,024
Settled during current year:										
18.1 By payment in full	44	569,936			7	135,815			51	705,751
18.2 By payment on compromised claims										
18.3 Total paid	44	569,936			7	135,815			51	705,751
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	44	569,936			7	135,815			51	705,751
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	66,136			1	3,500			7	69,636
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,796	49,113,057	(a)			284,803,416			1,796	333,916,473
21. Issued during year	385	6,209,765							385	6,209,765
22. Other changes to in force (Net)	(240)	(4,508,909)				(20,676,047)			(240)	(25,184,956)
23. In force December 31, current year	1,941	50,813,913	(a)			264,127,369			1,941	314,941,282

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	14,199	14,669		12,013	16,823
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	367,714	257,361		67,998	99,612
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	367,714	257,361		67,998	99,612
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	381,913	272,030		80,011	116,435

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201043015100

DIRECT BUSINESS IN THE STATE OF: INDIANA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	489,338				224,065				713,403	
2. Annuity considerations	64,443						X X X		64,443	
3. Deposit-type contract funds			X X X							
4. Other considerations										
5. Totals (Lines 1 to 4)	553,781				224,065				777,846	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	16,286								16,286	
6.2 Applied to pay renewal premiums	875								875	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27,471								27,471	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	44,632								44,632	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	44,632								44,632	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	195,604				421,016				616,620	
10. Matured endowments										
11. Annuity benefits	66,666								66,666	
12. Surrender values and withdrawals for life contracts	111,914								111,914	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	602								602	
15. Total	374,786				421,016				795,802	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	62,770			1	5,000			7	67,770
17. Incurred during current year	15	149,482			9	440,550			24	590,032
Settled during current year:										
18.1 By payment in full	19	195,604			8	421,016			27	616,620
18.2 By payment on compromised claims										
18.3 Total paid	19	195,604			8	421,016			27	616,620
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	19	195,604			8	421,016			27	616,620
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	16,648			2	24,534			4	41,182
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	776	41,425,653	(a)			108,817,711			776	150,243,364
21. Issued during year	76	4,799,322							76	4,799,322
22. Other changes to in force (Net)	(59)	(2,390,846)				7,803,965			(59)	5,413,119
23. In force December 31, current year	793	43,834,129	(a)			116,621,676			793	160,455,805

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	12,069	12,218		6,663	12,873
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,069	12,218		6,663	12,873

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: IOWA
DURING THE YEAR 2010



63967201043016100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	75,162				106,373				181,535	
2. Annuity considerations	153								153	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	75,315				106,373				181,688	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,726								5,726	
6.2 Applied to pay renewal premiums	1,265								1,265	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,677								14,677	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	21,668								21,668	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	21,668								21,668	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	54,805				301,102				355,907	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	34,104								34,104	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	88,909				301,102				390,011	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	8,868							1	8,868
17. Incurred during current year	3	45,937			2	301,102			5	347,039
Settled during current year:										
18.1 By payment in full	4	54,805			2	301,102			6	355,907
18.2 By payment on compromised claims										
18.3 Total paid	4	54,805			2	301,102			6	355,907
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	54,805			2	301,102			6	355,907
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	152	3,123,127	(a)			56,011,682			152	59,134,809
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(13)	(168,823)				26,071			(13)	(142,752)
23. In force December 31, current year	140	2,964,304	(a)			56,037,753			140	59,002,057

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,708	13,665		6,086	8,803
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	24,197	14,805		6,337	9,283
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	24,197	14,805		6,337	9,283
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,905	28,470		12,423	18,086

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: KANSAS
DURING THE YEAR 2010



63967201043017100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	211,068				249,652				460,720	
2. Annuity considerations	4,000								4,000	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	215,068				249,652				464,720	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	6,655								6,655	
6.2 Applied to pay renewal premiums	2,436								2,436	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,749								28,749	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,840								37,840	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	37,840								37,840	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	319,543				165,297				484,840	
10. Matured endowments										
11. Annuity benefits	6,073								6,073	
12. Surrender values and withdrawals for life contracts	125,307								125,307	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	450,923				165,297				616,220	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	3,996			2	9,792			3	13,788
17. Incurred during current year	5	315,547			9	161,505			14	477,052
Settled during current year:										
18.1 By payment in full	6	319,543			10	165,297			16	484,840
18.2 By payment on compromised claims										
18.3 Total paid	6	319,543			10	165,297			16	484,840
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	319,543			10	165,297			16	484,840
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	6,000			1	6,000
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	399	16,189,823	(a)			169,968,978			399	186,158,801
21. Issued during year	4	1,141,884							4	1,141,884
22. Other changes to in force (Net)	28	(750,574)				38,557,974			28	37,807,400
23. In force December 31, current year	431	16,581,133	(a)			208,526,952			431	225,108,085

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	15,127	15,233		11,062	15,571
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,287	5,718		2,509	3,676
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,287	5,718		2,509	3,676
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,414	20,951		13,571	19,247

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: KENTUCKY
DURING THE YEAR 2010



63967201043018100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	466,250				296,838				763,088	
2. Annuity considerations	12,300								12,300	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	478,550				296,838				775,388	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	11,434								11,434	
6.2 Applied to pay renewal premiums	728								728	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	36,513								36,513	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	48,675								48,675	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	48,675								48,675	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	240,408				557,846				798,254	
10. Matured endowments										
11. Annuity benefits	42,807								42,807	
12. Surrender values and withdrawals for life contracts	47,903								47,903	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	375								375	
15. Total	331,493				557,846				889,339	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	21,500							6	21,500
17. Incurred during current year	33	269,279			11	565,496			44	834,775
Settled during current year:										
18.1 By payment in full	34	240,408			10	557,846			44	798,254
18.2 By payment on compromised claims										
18.3 Total paid	34	240,408			10	557,846			44	798,254
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	240,408			10	557,846			44	798,254
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	50,371			1	7,650			6	58,021
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	817	20,507,906	(a)			171,334,305			817	191,842,211
21. Issued during year	155	3,136,871							155	3,136,871
22. Other changes to in force (Net)	(67)	(526,272)				(2,125,844)			(67)	(2,652,116)
23. In force December 31, current year	905	23,118,505	(a)			169,208,461			905	192,326,966

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,785	25,192		17,749	22,656
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	59,834	41,420		13,947	20,430
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	59,834	41,420		13,947	20,430
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	84,619	66,612		31,696	43,086

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: LOUISIANA
DURING THE YEAR 2010



63967201043019100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,343,434		282,789		1,626,223
2. Annuity considerations	116,384				116,384
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,459,818		282,789		1,742,607
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	16,771				16,771
6.2 Applied to pay renewal premiums	2,832				2,832
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	82,359				82,359
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	101,962				101,962
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	101,962				101,962
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	668,139		332,027		1,000,166
10. Matured endowments					
11. Annuity benefits	101,588				101,588
12. Surrender values and withdrawals for life contracts	360,309				360,309
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	2,663				2,663
15. Total	1,132,699		332,027		1,464,726

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	63,200			4	67,700			13	130,900
17. Incurred during current year	54	685,004			8	315,865			62	1,000,869
Settled during current year:										
18.1 By payment in full	56	668,139			10	332,027			66	1,000,166
18.2 By payment on compromised claims										
18.3 Total paid	56	668,139			10	332,027			66	1,000,166
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	668,139			10	332,027			66	1,000,166
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	80,065			2	51,538			9	131,603
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,347	106,905,223	(a)			170,421,307			2,347	277,326,530
21. Issued during year	104	4,758,714							104	4,758,714
22. Other changes to in force (Net)	(144)	(5,713,948)				(13,257,390)			(144)	(18,971,338)
23. In force December 31, current year	2,307	105,949,989	(a)			157,163,917			2,307	263,113,906

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,723	13,982		8,056	8,362
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	37,782	27,063		6,697	9,811
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	37,782	27,063		6,697	9,811
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51,505	41,045		14,753	18,173

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043020100

DIRECT BUSINESS IN THE STATE OF: MAINE
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	65,579				78,681				144,260	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	65,579				78,681				144,260	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	12,001								12,001	
6.2 Applied to pay renewal premiums	1,530								1,530	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	23,538								23,538	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,069								37,069	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	37,069								37,069	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	65,837				184,543				250,380	
10. Matured endowments										
11. Annuity benefits	2,573								2,573	
12. Surrender values and withdrawals for life contracts	32,401								32,401	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	558								558	
15. Total	101,369				184,543				285,912	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	7	65,837			3	184,543			10	250,380
Settled during current year:										
18.1 By payment in full	7	65,837			3	184,543			10	250,380
18.2 By payment on compromised claims										
18.3 Total paid	7	65,837			3	184,543			10	250,380
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	65,837			3	184,543			10	250,380
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
	274	4,748,339	(a)			33,575,205			274	38,323,544
	(12)	(117,304)				(3,492,214)			(12)	(3,609,518)
23. In force December 31, current year	262	4,631,035	(a)			30,082,991			262	34,714,026

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	6,122	6,010		9,415	4,856
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,122	6,010		9,415	4,856

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.

DIRECT BUSINESS IN THE STATE OF: MARYLAND
DURING THE YEAR 2010



63967201043021100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	773,818		489,282		1,263,100
2. Annuity considerations	2,500				2,500
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	776,318		489,282		1,265,600
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	32,512				32,512
6.2 Applied to pay renewal premiums	6,334				6,334
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	113,521				113,521
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	152,367				152,367
Annuities:					
7.1 Paid in cash or left on deposit	5				5
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	5				5
8. Grand Totals (Lines 6.5 plus Line 7.4)	152,372				152,372
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	385,427		255,730		641,157
10. Matured endowments					
11. Annuity benefits	42,815				42,815
12. Surrender values and withdrawals for life contracts	380,729				380,729
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,297				3,297
15. Total	812,268		255,730		1,067,998

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	33,326			3	6,600			8	39,926
17. Incurred during current year	23	524,222			10	260,668			33	784,890
Settled during current year:										
18.1 By payment in full	22	385,427			11	255,730			33	641,157
18.2 By payment on compromised claims										
18.3 Total paid	22	385,427			11	255,730			33	641,157
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	385,427			11	255,730			33	641,157
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	172,121			2	11,538			8	183,659
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,557	92,874,146	(a)			236,619,029			1,557	329,493,175
21. Issued during year	12	1,362,624							12	1,362,624
22. Other changes to in force (Net)	(84)	(5,403,746)				(7,857,072)			(84)	(13,260,818)
23. In force December 31, current year	1,485	88,833,024	(a)			228,761,957			1,485	317,594,981

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	27,232	27,529		27,697	37,700
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,232	27,529		27,697	37,700

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: MASSACHUSETTS
DURING THE YEAR 2010



63967201043022100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	423,199		113,081		536,280					
2. Annuity considerations	309,312				309,312					
3. Deposit-type contract funds		X X X		X X X						
4. Other considerations										
5. Totals (Lines 1 to 4)	732,511		113,081		845,592					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	24,387				24,387					
6.2 Applied to pay renewal premiums	9,164				9,164					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	83,148				83,148					
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	116,699				116,699					
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	116,699				116,699					
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	410,038		238,095		648,133					
10. Matured endowments	12,595				12,595					
11. Annuity benefits	376,066				376,066					
12. Surrender values and withdrawals for life contracts	490,895				490,895					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	971				971					
15. Total	1,290,565		238,095		1,528,660					
DETAILS OF WRITE-INS										
1301.		NONE								
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	1	3,000			3	201,530			4	204,530
	15	419,633			8	40,645			23	460,278
	Settled during current year:									
	16	422,633			9	238,095			25	660,728
	18.2 By payment on compromised claims									
	16	422,633			9	238,095			25	660,728
	18.4 Reduction by compromise									
18.5 Amount rejected										
16	422,633			9	238,095			25	660,728	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)				2	4,080			2	4,080	
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year		922	50,377,305	(a)		54,897,328			922	105,274,633
21. Issued during year		14	1,244,500						14	1,244,500
22. Other changes to in force (Net)		(52)	(2,748,687)			7,623,235			(52)	4,874,548
23. In force December 31, current year		884	48,873,118	(a)		62,520,563			884	111,393,681

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,840	13,020		9,690	13,154
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,840	13,020		9,690	13,154

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043023100

DIRECT BUSINESS IN THE STATE OF: MICHIGAN
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	591,169		216,754		807,923
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	591,169		216,754		807,923
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	8,009				8,009
6.2 Applied to pay renewal premiums	1,967				1,967
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	31,437				31,437
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	41,413				41,413
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	41,413				41,413
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	222,618		253,076		475,694
10. Matured endowments					
11. Annuity benefits	7,756				7,756
12. Surrender values and withdrawals for life contracts	71,670				71,670
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	302,044		253,076		555,120

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	33,000			2	35,000			7	68,000
17. Incurred during current year	23	573,961			6	248,112			29	822,073
Settled during current year:										
18.1 By payment in full	23	222,618			5	253,076			28	475,694
18.2 By payment on compromised claims										
18.3 Total paid	23	222,618			5	253,076			28	475,694
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	23	222,618			5	253,076			28	475,694
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	384,343			3	30,036			8	414,379
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	994	17,317,653	(a)			123,869,012			994	141,186,665
21. Issued during year	179	1,912,335							179	1,912,335
22. Other changes to in force (Net)	(127)	(1,928,053)				(9,571,427)			(127)	(11,499,480)
23. In force December 31, current year	1,046	17,301,935	(a)			114,297,585			1,046	131,599,520

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,891	10,191		5,109	9,961
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	101,126	43,052		8,853	12,968
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	101,126	43,052		8,853	12,968
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	111,017	53,243		13,962	22,929

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MINNESOTA
DURING THE YEAR 2010



63967201043024100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	104,100		118,196		222,296
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	104,100		118,196		222,296
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	7,549				7,549
6.2 Applied to pay renewal premiums	61				61
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	24,364				24,364
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	31,974				31,974
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	31,974				31,974
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	72,935		38,250		111,185
10. Matured endowments					
11. Annuity benefits	1,200				1,200
12. Surrender values and withdrawals for life contracts	10,135				10,135
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	84,270		38,250		122,520

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	13,515							2	13,515
17. Incurred during current year	7	64,420			1	38,250			8	102,670
Settled during current year:										
18.1 By payment in full	8	72,935			1	38,250			9	111,185
18.2 By payment on compromised claims										
18.3 Total paid	8	72,935			1	38,250			9	111,185
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	72,935			1	38,250			9	111,185
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	206	3,459,959	(a)			59,595,952			206	63,055,911
21. Issued during year	7	777,269							7	777,269
22. Other changes to in force (Net)	(15)	(300,871)				(3,769,148)			(15)	(4,070,019)
23. In force December 31, current year	198	3,936,357	(a)			55,826,804			198	59,763,161

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,217	13,384		5,255	7,089
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,374	6,781		3,843	5,630
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	18,374	6,781		3,843	5,630
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,591	20,165		9,098	12,719

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MISSISSIPPI
DURING THE YEAR 2010



63967201043025100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	517,512		248,316		765,828
2. Annuity considerations	41,293				41,293
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	558,805		248,316		807,121
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	16,783				16,783
6.2 Applied to pay renewal premiums	3,420				3,420
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	50,790				50,790
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	70,993				70,993
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	70,993				70,993
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	133,392		83,469		216,861
10. Matured endowments					
11. Annuity benefits	10,058				10,058
12. Surrender values and withdrawals for life contracts	48,923				48,923
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	345				345
15. Total	192,718		83,469		276,187

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	10,500			1	1,530			3	12,030
17. Incurred during current year	23	287,722			10	83,477			33	371,199
Settled during current year:										
18.1 By payment in full	18	133,392			10	83,469			28	216,861
18.2 By payment on compromised claims										
18.3 Total paid	18	133,392			10	83,469			28	216,861
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	18	133,392			10	83,469			28	216,861
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	164,830			1	1,538			8	166,368
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,009	48,358,932	(a)			113,445,652			1,009	161,804,584
21. Issued during year	38	1,390,234							38	1,390,234
22. Other changes to in force (Net)	(74)	(3,120,523)				(6,791,364)			(74)	(9,911,887)
23. In force December 31, current year	973	46,628,643	(a)			106,654,288			973	153,282,931

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,479	16,564		7,211	8,396
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	40,338	24,746		11,344	16,617
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	40,338	24,746		11,344	16,617
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	56,817	41,310		18,555	25,013

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.

DIRECT BUSINESS IN THE STATE OF: MISSOURI
DURING THE YEAR 2010



63967201043026100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	304,685				331,743				636,428	
2. Annuity considerations	11,150								11,150	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	315,835				331,743				647,578	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	25,223								25,223	
6.2 Applied to pay renewal premiums	714								714	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	56,552								56,552	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	82,489								82,489	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	82,489								82,489	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	145,723				277,967				423,690	
10. Matured endowments										
11. Annuity benefits	6,921								6,921	
12. Surrender values and withdrawals for life contracts	111,996								111,996	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	5,012								5,012	
15. Total	269,652				277,967				547,619	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					3	255,530			3	255,530
17. Incurred during current year	15	176,723			10	23,967			25	200,690
Settled during current year:										
18.1 By payment in full	13	145,723			12	277,967			25	423,690
18.2 By payment on compromised claims										
18.3 Total paid	13	145,723			12	277,967			25	423,690
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	145,723			12	277,967			25	423,690
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	31,000			1	1,530			3	32,530
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	594	19,683,926	(a)			170,616,832			594	190,300,758
21. Issued during year	40	3,327,499							40	3,327,499
22. Other changes to in force (Net)	32	61,720				1,308,257			32	1,369,977
23. In force December 31, current year	666	23,073,145	(a)			171,925,089			666	194,998,234

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	58,064	58,754		29,686	34,072
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	355,872	262,514		116,391	170,501
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	355,872	262,514		116,391	170,501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	413,936	321,268		146,077	204,573

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MONTANA
DURING THE YEAR 2010



NAIC Group Code4712

LIFE INSURANCE

NAIC Company Code63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	27,649				52,457				80,106	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	27,649				52,457				80,106	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	3,280								3,280	
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	11,503								11,503	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	14,783								14,783	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	14,783								14,783	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits					2,563				2,563	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	21,427								21,427	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	21,427				2,563				23,990	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year					1	2,563			1	2,563
Settled during current year:										
18.1 By payment in full					1	2,563			1	2,563
18.2 By payment on compromised claims										
18.3 Total paid					1	2,563			1	2,563
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements					1	2,563			1	2,563
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
	51	1,410,316	(a)			30,719,164			51	32,129,480
	(2)	(15,815)				(1,096,837)			(2)	(1,112,652)
	49	1,394,501	(a)			29,622,327			49	31,016,828

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	619	628		27,064	186
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	619	628		27,064	186

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NEBRASKA
DURING THE YEAR 2010



NAIC Group Code4712

LIFE INSURANCE

NAIC Company Code63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	61,801				128,272				190,073	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	61,801				128,272				190,073	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	3,414								3,414	
6.2 Applied to pay renewal premiums	1,139								1,139	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9,161								9,161	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	13,714								13,714	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	13,714								13,714	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	23,500				459,242				482,742	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	11,736								11,736	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	35,236				459,242				494,478	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	23,500			7	459,242			12	482,742
Settled during current year:										
18.1 By payment in full	5	23,500			7	459,242			12	482,742
18.2 By payment on compromised claims										
18.3 Total paid	5	23,500			7	459,242			12	482,742
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	23,500			7	459,242			12	482,742
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
	105	1,771,779	(a)			74,650,537			105	76,422,316
21. Issued during year										
22. Other changes to in force (Net)	25	387,143				(315,860)			25	71,283
23. In force December 31, current year	130	2,158,922	(a)			74,334,677			130	76,493,599

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	12,817	12,711		1,186	5,228
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	46,426	22,730		7,598	11,130
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	46,426	22,730		7,598	11,130
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,243	35,441		8,784	16,358

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201043029100

DIRECT BUSINESS IN THE STATE OF: NEVADA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	239,057				321,568				560,625	
2. Annuity considerations	1,970								1,970	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	241,027				321,568				562,595	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	12,091								12,091	
6.2 Applied to pay renewal premiums	265								265	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	51,682								51,682	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	64,038								64,038	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	64,038								64,038	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	27,931				140,568				168,499	
10. Matured endowments	5,000								5,000	
11. Annuity benefits	2,658								2,658	
12. Surrender values and withdrawals for life contracts	74,789								74,789	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	110,378				140,568				250,946	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					2	21,187			2	21,187
17. Incurred during current year	4	32,931			2	119,380			6	152,311
Settled during current year:										
18.1 By payment in full	4	32,931			4	140,568			8	173,499
18.2 By payment on compromised claims										
18.3 Total paid	4	32,931			4	140,568			8	173,499
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	32,931			4	140,568			8	173,499
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)						(1)				(1)
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	292	11,354,019	(a)			152,298,246			292	163,652,265
21. Issued during year	5	433,100							5	433,100
22. Other changes to in force (Net)	(15)	(488,520)				(2,329,396)			(15)	(2,817,916)
23. In force December 31, current year	282	11,298,599	(a)			149,968,850			282	161,267,449

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	14,670	14,887		11,144	5,123
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,670	14,887		11,144	5,123

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043030100

DIRECT BUSINESS IN THE STATE OF: NEW HAMPSHIRE
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	145,004				64,618				209,622	
2. Annuity considerations	113,849								113,849	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	258,853				64,618				323,471	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	10,917								10,917	
6.2 Applied to pay renewal premiums	2,925								2,925	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	26,122								26,122	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	39,964								39,964	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	39,964								39,964	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	64,907				7,689				72,596	
10. Matured endowments										
11. Annuity benefits	1,674								1,674	
12. Surrender values and withdrawals for life contracts	138,260								138,260	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	3,483								3,483	
15. Total	208,324				7,689				216,013	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	64,907			2	7,689			6	72,596
Settled during current year:										
18.1 By payment in full	4	64,907			2	7,689			6	72,596
18.2 By payment on compromised claims										
18.3 Total paid	4	64,907			2	7,689			6	72,596
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	64,907			2	7,689			6	72,596
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	423	22,378,598	(a)			28,377,870			423	50,756,468
21. Issued during year	11	2,440,802							11	2,440,802
22. Other changes to in force (Net)	(22)	(2,103,640)				561,873			(22)	(1,541,767)
23. In force December 31, current year	412	22,715,760	(a)			28,939,743			412	51,655,503

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	3,689	3,623		913	278
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,689	3,623		913	278

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NEW JERSEY
DURING THE YEAR 2010



63967201043031100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
1. Life insurance	83,861			171,312		255,173				
2. Annuity considerations										
3. Deposit-type contract funds			X X X		X X X					
4. Other considerations										
5. Totals (Lines 1 to 4)	83,861			171,312		255,173				
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	23,619					23,619				
6.2 Applied to pay renewal premiums	3,561					3,561				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	34,206					34,206				
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	61,386					61,386				
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	61,386					61,386				
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	169,577			68,189		237,766				
10. Matured endowments										
11. Annuity benefits	6,000					6,000				
12. Surrender values and withdrawals for life contracts	61,270					61,270				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	236,847			68,189		305,036				
DETAILS OF WRITE-INS										
1301.		NONE								
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
					3	103,050			3	103,050
	5	169,577			3	(8,561)			8	161,016
	Settled during current year:									
	18.1 By payment in full	5	169,577			4	68,189		9	237,766
	18.2 By payment on compromised claims									
	18.3 Total paid	5	169,577			4	68,189		9	237,766
	18.4 Reduction by compromise									
18.5 Amount rejected										
18.6 Total settlements	5	169,577			4	68,189		9	237,766	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					2	26,300			2	26,300
POLICY EXHIBIT					No. of Policies					
	262	4,279,760		(a)		98,071,923			262	102,351,683
	(9)	(241,648)				(3,758,323)			(9)	(3,999,971)
23. In force December 31, current year	253	4,038,112		(a)		94,313,600			253	98,351,712

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,555	2,680		2,322	2,371
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,555	2,680		2,322	2,371

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.



63967201043032100

DIRECT BUSINESS IN THE STATE OF: NEW MEXICO
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	576,529		234,918		811,447
2. Annuity considerations	179,186				179,186
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	755,715		234,918		990,633
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	26,261				26,261
6.2 Applied to pay renewal premiums	2,211				2,211
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	66,136				66,136
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	94,608				94,608
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	94,608				94,608
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	271,023		93,344		364,367
10. Matured endowments					
11. Annuity benefits	2,062				2,062
12. Surrender values and withdrawals for life contracts	260,942				260,942
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	5,693				5,693
15. Total	539,720		93,344		633,064

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	102,511			2	16,530			12	119,041
17. Incurred during current year	16	175,512			5	78,344			21	253,856
Settled during current year:										
18.1 By payment in full	25	271,023			6	93,344			31	364,367
18.2 By payment on compromised claims										
18.3 Total paid	25	271,023			6	93,344			31	364,367
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	25	271,023			6	93,344			31	364,367
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,000			1	1,530			2	8,530
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,174	54,797,709	(a)			116,103,424			1,174	170,901,133
21. Issued during year	27	2,618,692							27	2,618,692
22. Other changes to in force (Net)	(83)	(3,167,425)				(834,832)			(83)	(4,002,257)
23. In force December 31, current year	1,118	54,248,976	(a)			115,268,592			1,118	169,517,568

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,494	2,532		1,981	506
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,494	2,532		1,981	506

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043033100

DIRECT BUSINESS IN THE STATE OF: NEW YORK
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	131,153		295,354		426,507
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	131,153		295,354		426,507
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	14,255				14,255
6.2 Applied to pay renewal premiums	2,020				2,020
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	45,697				45,697
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	61,972				61,972
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	61,972				61,972
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,548		114,934		135,482
10. Matured endowments					
11. Annuity benefits	3,000				3,000
12. Surrender values and withdrawals for life contracts	21,079				21,079
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	44,627		114,934		159,561

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	8,458			4	53,825			5	62,283
17. Incurred during current year	6	60,064			7	211,109			13	271,173
Settled during current year:										
18.1 By payment in full	2	20,548			8	114,934			10	135,482
18.2 By payment on compromised claims										
18.3 Total paid	2	20,548			8	114,934			10	135,482
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	20,548			8	114,934			10	135,482
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	47,974			3	150,000			8	197,974
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	330	6,175,416	(a)			172,147,692			330	178,323,108
21. Issued during year										
22. Other changes to in force (Net)	(7)	(86,504)				(11,120,584)			(7)	(11,207,088)
23. In force December 31, current year	323	6,088,912	(a)			161,027,108			323	167,116,020

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,049	8,875		6,240	5,915
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,049	8,875		6,240	5,915

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NORTH CAROLINA
DURING THE YEAR 2010



63967201043034100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,895,780		1,177,035		3,072,815
2. Annuity considerations	24,610				24,610
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,920,390		1,177,035		3,097,425
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	45,900				45,900
6.2 Applied to pay renewal premiums	7,403				7,403
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	159,719				159,719
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	213,022				213,022
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	213,022				213,022
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,901,943		794,602		2,696,545
10. Matured endowments					
11. Annuity benefits	9,320				9,320
12. Surrender values and withdrawals for life contracts	726,758				726,758
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	8,382				8,382
15. Total	2,646,403		794,602		3,441,005

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	68,024			3	143,032			6	211,056
17. Incurred during current year	58	1,874,093			30	797,604			88	2,671,697
Settled during current year:										
18.1 By payment in full	56	1,901,943			30	794,602			86	2,696,545
18.2 By payment on compromised claims										
18.3 Total paid	56	1,901,943			30	794,602			86	2,696,545
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	1,901,943			30	794,602			86	2,696,545
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	40,174			3	146,034			8	186,208
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,325	167,006,756	(a)			623,434,859			2,325	790,441,615
21. Issued during year	327	42,688,965							327	42,688,965
22. Other changes to in force (Net)	348	(7,298,394)				(30,608,212)			348	(37,906,606)
23. In force December 31, current year	3,000	202,397,327	(a)			592,826,647			3,000	795,223,974

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	114,308	115,553		49,707	75,775
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	114,308	115,553		49,707	75,775

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 4.

DIRECT BUSINESS IN THE STATE OF: NORTH DAKOTA
DURING THE YEAR 2010



NAIC Group Code4712

LIFE INSURANCE

NAIC Company Code63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	14,927				59,613				74,540	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	14,927				59,613				74,540	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	310								310	
6.2 Applied to pay renewal premiums	327								327	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,917								3,917	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,554								4,554	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	4,554								4,554	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	87,565				32,575				120,140	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	87,565				32,575				120,140	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	87,565			2	32,575			4	120,140
Settled during current year:										
18.1 By payment in full	2	87,565			2	32,575			4	120,140
18.2 By payment on compromised claims										
18.3 Total paid	2	87,565			2	32,575			4	120,140
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	87,565			2	32,575			4	120,140
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	29	714,889	(a)			41,329,209			29	42,044,098
21. Issued during year	2	125,000							2	125,000
22. Other changes to in force (Net)	(3)	(126,239)				1,435,863			(3)	1,309,624
23. In force December 31, current year	28	713,650	(a)			42,765,072			28	43,478,722

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,426	8,647		9,614	7,820
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,426	8,647		9,614	7,820

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: OHIO
DURING THE YEAR 2010



63967201043036100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	970,980		446,943		1,417,923
2. Annuity considerations	88,174				88,174
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,059,154		446,943		1,506,097
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	21,316				21,316
6.2 Applied to pay renewal premiums	1,538				1,538
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	74,020				74,020
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	96,874				96,874
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	96,874				96,874
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	565,078		320,158		885,236
10. Matured endowments					
11. Annuity benefits	112,824				112,824
12. Surrender values and withdrawals for life contracts	415,152				415,152
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	240				240
15. Total	1,093,294		320,158		1,413,452

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	72,300			5	123,380			11	195,680
17. Incurred during current year	50	656,271			14	316,428			64	972,699
Settled during current year:										
18.1 By payment in full	47	565,078			16	320,158			63	885,236
18.2 By payment on compromised claims										
18.3 Total paid	47	565,078			16	320,158			63	885,236
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	47	565,078			16	320,158			63	885,236
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	163,493			3	119,650			12	283,143
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,764	75,790,264	(a)			250,193,359			1,764	325,983,623
21. Issued during year	213	18,638,003							213	18,638,003
22. Other changes to in force (Net)	(157)	(6,978,463)				(8,732,989)			(157)	(15,711,452)
23. In force December 31, current year	1,820	87,449,804	(a)			241,460,370			1,820	328,910,174

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	27,161	27,691		14,962	18,677
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	356,552	241,309		98,463	144,240
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	356,552	241,309		98,463	144,240
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	383,713	269,000		113,425	162,917

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: OKLAHOMA
DURING THE YEAR 2010



63967201043037100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	943,601		348,689		1,292,290
2. Annuity considerations	2,584,150				2,584,150
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	3,527,751		348,689		3,876,440
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	16,406				16,406
6.2 Applied to pay renewal premiums	801				801
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	46,735				46,735
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	63,942				63,942
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	63,942				63,942
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	531,979		126,327		658,306
10. Matured endowments	32,615				32,615
11. Annuity benefits	255,433				255,433
12. Surrender values and withdrawals for life contracts	163,062				163,062
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	1,951				1,951
15. Total	985,040		126,327		1,111,367

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	219,241			3	51,806			12	271,047
17. Incurred during current year	22	366,325			7	77,084			29	443,409
Settled during current year:										
18.1 By payment in full	29	564,594			9	126,327			38	690,921
18.2 By payment on compromised claims										
18.3 Total paid	29	564,594			9	126,327			38	690,921
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	29	564,594			9	126,327			38	690,921
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,972			1	2,563			3	23,535
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,119	66,182,717	(a)			197,268,393			1,119	263,451,110
21. Issued during year	143	16,691,540							143	16,691,540
22. Other changes to in force (Net)	(94)	(4,221,377)				76,365			(94)	(4,145,012)
23. In force December 31, current year	1,168	78,652,880	(a)			197,344,758			1,168	275,997,638

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	17,818	18,129		18,176	15,510
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,193	3,529		460	673
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,193	3,529		460	673
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,011	21,658		18,636	16,183

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: OREGON
DURING THE YEAR 2010



63967201043038100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	137,718		130,601		268,319
2. Annuity considerations	1,865				1,865
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	139,583		130,601		270,184
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	9,424				9,424
6.2 Applied to pay renewal premiums	1,362				1,362
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	39,363				39,363
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	50,149				50,149
Annuities:					
7.1 Paid in cash or left on deposit	875				875
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	875				875
8. Grand Totals (Lines 6.5 plus Line 7.4)	51,024				51,024
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	130,387		36,843		167,230
10. Matured endowments					
11. Annuity benefits	20,379				20,379
12. Surrender values and withdrawals for life contracts	59,866				59,866
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	641				641
15. Total	211,273		36,843		248,116

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	117,875			1	25,305			3	143,180
17. Incurred during current year	11	15,183			1	11,538			12	26,721
Settled during current year:										
18.1 By payment in full	12	130,387			2	36,843			14	167,230
18.2 By payment on compromised claims										
18.3 Total paid	12	130,387			2	36,843			14	167,230
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	130,387			2	36,843			14	167,230
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,671							1	2,671
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	228	12,394,285	(a)			56,256,268			228	68,650,553
21. Issued during year	1	305,864							1	305,864
22. Other changes to in force (Net)	7	221,538				(2,110,034)			7	(1,888,496)
23. In force December 31, current year	236	12,921,687	(a)			54,146,234			236	67,067,921

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	17,680	18,079		4,897	5,395
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,680	18,079		4,897	5,395

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: PENNSYLVANIA
DURING THE YEAR 2010



63967201043039100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	531,609		356,892		888,501
2. Annuity considerations	2,100				2,100
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	533,709		356,892		890,601
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	25,101				25,101
6.2 Applied to pay renewal premiums	4,639				4,639
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	68,367				68,367
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	98,107				98,107
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	98,107				98,107
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	464,468		727,601		1,192,069
10. Matured endowments					
11. Annuity benefits	43,603				43,603
12. Surrender values and withdrawals for life contracts	117,002				117,002
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	1,356				1,356
15. Total	626,429		727,601		1,354,030

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	96,238			1	100,000			8	196,238
17. Incurred during current year	41	390,842			10	650,101			51	1,040,943
Settled during current year:										
18.1 By payment in full	44	464,468			10	727,601			54	1,192,069
18.2 By payment on compromised claims										
18.3 Total paid	44	464,468			10	727,601			54	1,192,069
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	44	464,468			10	727,601			54	1,192,069
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	22,612			1	22,500			5	45,112
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,255	24,797,267	(a)			185,090,848			1,255	209,888,115
21. Issued during year	111	1,533,900							111	1,533,900
22. Other changes to in force (Net)	(103)	(1,246,167)				(5,737,600)			(103)	(6,983,767)
23. In force December 31, current year	1,263	25,085,000	(a)			179,353,248			1,263	204,438,248

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	61,337	62,027		35,467	41,116
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,202	8,856		668	978
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,202	8,856		668	978
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,539	70,883		36,135	42,094

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043040100

DIRECT BUSINESS IN THE STATE OF: RHODE ISLAND
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	342,965		31,984		374,949
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	342,965		31,984		374,949
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	5,756				5,756
6.2 Applied to pay renewal premiums	485				485
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	21,578				21,578
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	27,819				27,819
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	27,819				27,819
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,367				7,367
10. Matured endowments					
11. Annuity benefits	5,725				5,725
12. Surrender values and withdrawals for life contracts	58,297				58,297
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	71,389				71,389

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	7,367							2	7,367
Settled during current year:										
18.1 By payment in full	2	7,367							2	7,367
18.2 By payment on compromised claims										
18.3 Total paid	2	7,367							2	7,367
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	7,367							2	7,367
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	525	74,894,360	(a)			15,200,710			525	90,095,070
21. Issued during year	4	1,700,000							4	1,700,000
22. Other changes to in force (Net)	(21)	(4,063,551)				(1,663,066)			(21)	(5,726,617)
23. In force December 31, current year	508	72,530,809	(a)			13,537,644			508	86,068,453

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,730	3,750		7,075	3,341
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,730	3,750		7,075	3,341

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043041100

DIRECT BUSINESS IN THE STATE OF: SOUTH CAROLINA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5		
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
1. Life insurance	1,110,982				544,775				1,655,757		
2. Annuity considerations	64,222								64,222		
3. Deposit-type contract funds			X X X				X X X				
4. Other considerations											
5. Totals (Lines 1 to 4)	1,175,204				544,775				1,719,979		
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1 Paid in cash or left on deposit	41,549								41,549		
6.2 Applied to pay renewal premiums	8,804								8,804		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	136,754								136,754		
6.4 Other											
6.5 Totals (Sum of Lines 6.1 to 6.4)	187,107								187,107		
Annuities:											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (Sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus Line 7.4)	187,107								187,107		
DIRECT CLAIMS AND BENEFITS PAID											
9. Death benefits	506,058				591,374				1,097,432		
10. Matured endowments	13,184								13,184		
11. Annuity benefits	47,730								47,730		
12. Surrender values and withdrawals for life contracts	532,244								532,244		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident & health	3,950								3,950		
15. Total	1,103,166				591,374				1,694,540		
DETAILS OF WRITE-INS											
1301.			NONE								
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1	2	3	4	5	6	7	8	9	10	
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
	16. Unpaid December 31, prior year	8	176,092			2	13,530			10	189,622
	17. Incurred during current year	38	394,688			17	615,249			55	1,009,937
	Settled during current year:										
	18.1 By payment in full	40	519,242			17	591,374			57	1,110,616
	18.2 By payment on compromised claims										
	18.3 Total paid	40	519,242			17	591,374			57	1,110,616
	18.4 Reduction by compromise										
18.5 Amount rejected											
18.6 Total settlements	40	519,242			17	591,374			57	1,110,616	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	51,538			2	37,405			8	88,943	
POLICY EXHIBIT											
					No. of Policies						
20. In force December 31, prior year	1,919	66,238,727	(a)			245,540,419			1,919	311,779,146	
21. Issued during year	310	10,488,903							310	10,488,903	
22. Other changes to in force (Net)	(250)	(7,191,431)				1,321,547			(250)	(5,869,884)	
23. In force December 31, current year	1,979	69,536,199	(a)			246,861,966			1,979	316,398,166	

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	28,792	28,822		39,529	24,706
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	262,268	181,837		57,821	84,703
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	262,268	181,837		57,821	84,703
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	291,060	210,659		97,350	109,409

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.



63967201043042100

DIRECT BUSINESS IN THE STATE OF: SOUTH DAKOTA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	68,708		58,764		127,472
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	68,708		58,764		127,472
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	3,236				3,236
6.2 Applied to pay renewal premiums	360				360
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,809				6,809
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,405				10,405
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	10,405				10,405
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,000		9,038		14,038
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	23,031				23,031
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	28,031		9,038		37,069

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	7,500			1	7,500
17. Incurred during current year	1	5,000				1,538			1	6,538
Settled during current year:										
18.1 By payment in full	1	5,000			1	9,038			2	14,038
18.2 By payment on compromised claims										
18.3 Total paid	1	5,000			1	9,038			2	14,038
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000			1	9,038			2	14,038
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	109	4,070,350	(a)			33,076,548			109	37,146,898
21. Issued during year	18	1,368,800							18	1,368,800
22. Other changes to in force (Net)	(6)	(359,379)				(1,869,349)			(6)	(2,228,728)
23. In force December 31, current year	121	5,079,771	(a)			31,207,199			121	36,286,970

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	21,711	22,137		5,120	8,515
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,521	1,675		40	59
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,521	1,675		40	59
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,232	23,812		5,160	8,574

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: TENNESSEE
DURING THE YEAR 2010



63967201043043100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,534,687		603,204		2,137,891
2. Annuity considerations	718,471				718,471
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	2,253,158		603,204		2,856,362
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	59,337				59,337
6.2 Applied to pay renewal premiums	18,514				18,514
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	219,526				219,526
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	297,377				297,377
Annuities:					
7.1 Paid in cash or left on deposit	4				4
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	4				4
8. Grand Totals (Lines 6.5 plus Line 7.4)	297,381				297,381
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,298,866		655,887		1,954,753
10. Matured endowments					
11. Annuity benefits	393,005				393,005
12. Surrender values and withdrawals for life contracts	502,231				502,231
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	7,574				7,574
15. Total	2,201,676		655,887		2,857,563

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	37,000			4	131,898			7	168,898
17. Incurred during current year	86	1,371,551			21	527,989			107	1,899,540
Settled during current year:										
18.1 By payment in full	81	1,298,866			23	655,887			104	1,954,753
18.2 By payment on compromised claims										
18.3 Total paid	81	1,298,866			23	655,887			104	1,954,753
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	81	1,298,866			23	655,887			104	1,954,753
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	109,685			2	4,000			10	113,685
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,316	200,677,655	(a)			319,296,406			3,316	519,974,061
21. Issued during year	87	5,521,375							87	5,521,375
22. Other changes to in force (Net)	(198)	(9,276,924)				(10,547,659)			(198)	(19,824,583)
23. In force December 31, current year	3,205	196,922,106	(a)			308,748,747			3,205	505,670,853

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	27,806	27,924		29,485	22,309
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,533	11,037		4,600	6,738
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	17,533	11,037		4,600	6,738
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,339	38,961		34,085	29,047

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: TEXAS
DURING THE YEAR 2010



63967201043044100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,248,011		2,166,094		8,414,105
2. Annuity considerations	1,614,304				1,614,304
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	7,862,315		2,166,094		10,028,409
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	174,299				174,299
6.2 Applied to pay renewal premiums	42,643				42,643
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	629,579				629,579
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	846,521				846,521
Annuities:					
7.1 Paid in cash or left on deposit	3				3
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	3				3
8. Grand Totals (Lines 6.5 plus Line 7.4)	846,524				846,524
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,634,040		1,823,783		5,457,823
10. Matured endowments					
11. Annuity benefits	846,061				846,061
12. Surrender values and withdrawals for life contracts	2,039,347				2,039,347
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	20,702				20,702
15. Total	6,540,150		1,823,783		8,363,933

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	47	492,998			10	77,530			57	570,528
17. Incurred during current year	297	3,645,346			81	1,830,407			378	5,475,753
Settled during current year:										
18.1 By payment in full	310	3,634,040			78	1,823,783			388	5,457,823
18.2 By payment on compromised claims										
18.3 Total paid	310	3,634,040			78	1,823,783			388	5,457,823
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	310	3,634,040			78	1,823,783			388	5,457,823
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	34	504,304			13	84,154			47	588,458
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,197	592,857,495	(a)		1	1,142,531,929			13,198	1,735,389,424
21. Issued during year	323	29,511,222							323	29,511,222
22. Other changes to in force (Net)	(868)	(35,804,720)				(74,226,879)			(868)	(110,031,599)
23. In force December 31, current year	12,652	586,563,997	(a)		1	1,068,305,050			12,653	1,654,869,047

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	88,460	90,223		34,055	70,551
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	222,366	180,157		91,176	133,564
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	310	310		4,157	4,157
25.6 Totals (sum of Lines 25.1 to 25.5)	222,676	180,467		95,333	137,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	311,136	270,690		129,388	208,272

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: UTAH
DURING THE YEAR 2010



63967201043045100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	275,016		136,039		411,055
2. Annuity considerations	500				500
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	275,516		136,039		411,555
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	5,949				5,949
6.2 Applied to pay renewal premiums	150				150
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	11,645				11,645
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	17,744				17,744
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	17,744				17,744
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	245,822		2,563		248,385
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	40,992				40,992
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	286,814		2,563		289,377

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	37,998			1	50,000			3	87,998
17. Incurred during current year	19	207,824			1	(37,699)			20	170,125
Settled during current year:										
18.1 By payment in full	21	245,822			1	2,563			22	248,385
18.2 By payment on compromised claims										
18.3 Total paid	21	245,822			1	2,563			22	248,385
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	21	245,822			1	2,563			22	248,385
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	9,738			1	9,738
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	494	28,060,449	(a)			76,970,365			494	105,030,814
21. Issued during year	13	3,905,665							13	3,905,665
22. Other changes to in force (Net)	(38)	(2,023,882)				(2,921,220)			(38)	(4,945,102)
23. In force December 31, current year	469	29,942,232	(a)			74,049,145			469	103,991,377

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,687	4,637		1,867	5,636
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,687	4,637		1,867	5,636

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043046100

DIRECT BUSINESS IN THE STATE OF: VERMONT
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	92,133		26,520		118,653
2. Annuity considerations	2,200				2,200
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	94,333		26,520		120,853
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	2,387				2,387
6.2 Applied to pay renewal premiums	1,417				1,417
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,677				3,677
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	7,481				7,481
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	7,481				7,481
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,675		8,303		20,978
10. Matured endowments					
11. Annuity benefits	3,550				3,550
12. Surrender values and withdrawals for life contracts	18,348				18,348
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Total	34,573		8,303		42,876

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	12,675				8,303			1	20,978
Settled during current year:										
18.1 By payment in full	1	12,675				8,303			1	20,978
18.2 By payment on compromised claims										
18.3 Total paid	1	12,675				8,303			1	20,978
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	12,675				8,303			1	20,978
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	170	11,602,590	(a)			8,355,443			170	19,958,033
21. Issued during year	31	6,482,871							31	6,482,871
22. Other changes to in force (Net)	(11)	(701,650)				9,531,191			(11)	8,829,541
23. In force December 31, current year	190	17,383,811	(a)			17,886,634			190	35,270,445

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	28	42		730	
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28	42		730	

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: VIRGINIA
DURING THE YEAR 2010



63967201043047100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,733,570		1,624,928		4,358,498
2. Annuity considerations	44,636				44,636
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	2,778,206		1,624,928		4,403,134
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	114,552				114,552
6.2 Applied to pay renewal premiums	22,967				22,967
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	545,633				545,633
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	683,152				683,152
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	683,152				683,152
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,973,210		710,564		2,683,774
10. Matured endowments					
11. Annuity benefits	748,991				748,991
12. Surrender values and withdrawals for life contracts	1,805,771				1,805,771
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	25,097				25,097
15. Total	4,553,069		710,564		5,263,633

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	287,295			6	368,405			16	655,700
17. Incurred during current year	107	2,122,573			44	475,448			151	2,598,021
Settled during current year:										
18.1 By payment in full	100	1,973,210			39	710,564			139	2,683,774
18.2 By payment on compromised claims										
18.3 Total paid	100	1,973,210			39	710,564			139	2,683,774
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	100	1,973,210			39	710,564			139	2,683,774
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	436,658			11	133,289			28	569,947
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,583	286,553,180	(a)		1	778,696,392			6,584	1,065,249,572
21. Issued during year	162	12,066,983							162	12,066,983
22. Other changes to in force (Net)	(317)	(16,872,180)				(27,079,318)			(317)	(43,951,498)
23. In force December 31, current year	6,428	281,747,983	(a)		1	751,617,074			6,429	1,033,365,057

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	150,837	153,041		38,591	76,244
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,638	791			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,638	791			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	154,475	153,832		38,591	76,244

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.



63967201043048100

DIRECT BUSINESS IN THE STATE OF: WASHINGTON
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	797,880		607,728		1,405,608
2. Annuity considerations	5,200				5,200
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	803,080		607,728		1,410,808
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	29,656				29,656
6.2 Applied to pay renewal premiums	6,523				6,523
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	133,868				133,868
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	170,047				170,047
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	170,047				170,047
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	401,504		682,094		1,083,598
10. Matured endowments					
11. Annuity benefits	173,500				173,500
12. Surrender values and withdrawals for life contracts	272,980				272,980
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,219				3,219
15. Total	851,203		682,094		1,533,297

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	62,710			7	102,847			9	165,557
17. Incurred during current year	24	434,881			20	639,954			44	1,074,835
Settled during current year:										
18.1 By payment in full	22	401,504			22	682,094			44	1,083,598
18.2 By payment on compromised claims										
18.3 Total paid	22	401,504			22	682,094			44	1,083,598
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	401,504			22	682,094			44	1,083,598
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	96,087			5	60,707			9	156,794
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,240	112,596,557	(a)			288,914,812			1,240	401,511,369
21. Issued during year	39	8,507,018							39	8,507,018
22. Other changes to in force (Net)	(68)	(6,819,017)				(10,051,614)			(68)	(16,870,631)
23. In force December 31, current year	1,211	114,284,558	(a)			278,863,198			1,211	393,147,756

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	10,140	10,356		1,966	7,956
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	689	689		278	407
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	689	689		278	407
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,829	11,045		2,244	8,363

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201043049100

DIRECT BUSINESS IN THE STATE OF: WEST VIRGINIA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	248,405				100,507				348,912	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	248,405				100,507				348,912	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	3,166								3,166	
6.2 Applied to pay renewal premiums	798								798	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,442								15,442	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	19,406								19,406	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	19,406								19,406	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	64,097				7,500				71,597	
10. Matured endowments										
11. Annuity benefits	138								138	
12. Surrender values and withdrawals for life contracts	6,773								6,773	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	71,008				7,500				78,508	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	13	80,520			3	7,500			16	88,020
Settled during current year:										
18.1 By payment in full	11	64,097			3	7,500			14	71,597
18.2 By payment on compromised claims										
18.3 Total paid	11	64,097			3	7,500			14	71,597
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	11	64,097			3	7,500			14	71,597
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	16,423							2	16,423
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	509	7,502,977	(a)			46,031,937			509	53,534,914
21. Issued during year	105	1,066,222							105	1,066,222
22. Other changes to in force (Net)	(53)	(328,149)				(1,720,470)			(53)	(2,048,619)
23. In force December 31, current year	561	8,241,050	(a)			44,311,467			561	52,552,517

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	17,974	18,273		5,349	7,076
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,084	3,431		892	1,306
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,084	3,431		892	1,306
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,058	21,704		6,241	8,382

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043050100

DIRECT BUSINESS IN THE STATE OF: WISCONSIN
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	157,946		153,688		311,634
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	157,946		153,688		311,634
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	4,767				4,767
6.2 Applied to pay renewal premiums	1,377				1,377
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,301				15,301
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	21,445				21,445
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	21,445				21,445
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	181,570		20,116		201,686
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	35,624				35,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,291				3,291
15. Total	220,485		20,116		240,601

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	6,768			1	1,530			3	8,298
17. Incurred during current year	15	177,802			4	18,586			19	196,388
Settled during current year:										
18.1 By payment in full	16	181,570			5	20,116			21	201,686
18.2 By payment on compromised claims										
18.3 Total paid	16	181,570			5	20,116			21	201,686
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	181,570			5	20,116			21	201,686
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,000							1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	304	3,962,705	(a)			81,596,872			304	85,559,577
21. Issued during year	28	265,198							28	265,198
22. Other changes to in force (Net)	6	141,006				(3,471,298)			6	(3,330,292)
23. In force December 31, current year	338	4,368,909	(a)			78,125,574			338	82,494,483

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,542	3,571		259,323	5,943
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,551	1,050		9,930	14,547
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,551	1,050		9,930	14,547
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,093	4,621		269,253	20,490

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043051100

DIRECT BUSINESS IN THE STATE OF: WYOMING
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	80,314		49,725		130,039
2. Annuity considerations	62,689				62,689
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	143,003		49,725		192,728
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	2,834				2,834
6.2 Applied to pay renewal premiums	411				411
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,248				8,248
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	11,493				11,493
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	11,493				11,493
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	28,076				28,076
10. Matured endowments					
11. Annuity benefits	47,441				47,441
12. Surrender values and withdrawals for life contracts	13,860				13,860
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	189				189
15. Total	89,566				89,566

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	28,076			1				3	28,076
Settled during current year:										
18.1 By payment in full	2	28,076			1				3	28,076
18.2 By payment on compromised claims										
18.3 Total paid	2	28,076			1				3	28,076
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	28,076			1				3	28,076
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	64	9,648,376	(a)			26,592,527			64	36,240,903
21. Issued during year	2	105,000							2	105,000
22. Other changes to in force (Net)	(4)	(190,924)				(2,249,996)			(4)	(2,440,920)
23. In force December 31, current year	62	9,562,452	(a)			24,342,531			62	33,904,983

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,975	4,039		997	1,944
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,975	4,039		997	1,944

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043052100

DIRECT BUSINESS IN THE STATE OF: AMERICAN SAMOA
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance						2,533				2,533
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)						2,533				2,533
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)		1,814,150				1,814,150
21. Issued during year										
22. Other changes to in force (Net)						(770,000)				(770,000)
23. In force December 31, current year				(a)		1,044,150				1,044,150

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043053100

DIRECT BUSINESS IN THE STATE OF: GUAM
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	21,759				145,234				166,993	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	21,759				145,234				166,993	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	243								243	
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,278								8,278	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,521								8,521	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	8,521								8,521	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits					105,400				105,400	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total					105,400				105,400	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	37,500			1	37,500
17. Incurred during current year					3	69,438			3	69,438
Settled during current year:										
18.1 By payment in full					3	105,400			3	105,400
18.2 By payment on compromised claims										
18.3 Total paid					3	105,400			3	105,400
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements					3	105,400			3	105,400
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	1,538			1	1,538
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	29	667,702	(a)			59,006,252			29	59,673,954
21. Issued during year										
22. Other changes to in force (Net)		5,270				231,362				236,632
23. In force December 31, current year	29	672,972	(a)			59,237,614			29	59,910,586

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	682	691			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682	691			

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 4.

DIRECT BUSINESS IN THE STATE OF: PUERTO RICO
DURING THE YEAR 2010



63967201043054100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	10,000				25,446				35,446	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	10,000				25,446				35,446	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	1,134								1,134	
6.2 Applied to pay renewal premiums	115								115	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,265								2,265	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,514								3,514	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	3,514								3,514	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits					148,109				148,109	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	1,412								1,412	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total	1,412				148,109				149,521	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	9,690			1	9,690
17. Incurred during current year					3	138,419			3	138,419
Settled during current year:										
18.1 By payment in full	1				4	148,109			5	148,109
18.2 By payment on compromised claims										
18.3 Total paid	1				4	148,109			5	148,109
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1				4	148,109			5	148,109
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	(1)								(1)	
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	24	355,122		(a)		16,201,288			24	16,556,410
21. Issued during year										
22. Other changes to in force (Net)	(1)	5,130				(4,011,914)			(1)	(4,006,784)
23. In force December 31, current year	23	360,252		(a)		12,189,374			23	12,549,626

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,583	1,599		1,928	10,512
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,583	1,599		1,928	10,512

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



DIRECT BUSINESS IN THE STATE OF: US VIRGIN ISLANDS
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	551				4,721				5,272	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	551				4,721				5,272	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	282								282	
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	282								282	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	282								282	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total										
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	2	23,953	(a)			2,440,592			2	2,464,545
21. Issued during year										
22. Other changes to in force (Net)						5,320,158				5,320,158
23. In force December 31, current year	2	23,953	(a)			7,760,750			2	7,784,703

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043056100

DIRECT BUSINESS IN THE STATE OF: NORTHERN MARIANA ISLANDS
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance						2,026				2,026
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				XXX				XXX		
5. Totals (Lines 1 to 4)						2,026				2,026
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year					1	7,688			1	7,688
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	7,688			1	7,688
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)		1,418,700				1,418,700
21. Issued during year										
22. Other changes to in force (Net)						(731,700)				(731,700)
23. In force December 31, current year				(a)		687,000				687,000

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: CANADA
DURING THE YEAR 2010



63967201043057100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total				
1. Life insurance	953			58		1,011				
2. Annuity considerations										
3. Deposit-type contract funds			X X X		X X X					
4. Other considerations										
5. Totals (Lines 1 to 4)	953			58		1,011				
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	527					527				
6.2 Applied to pay renewal premiums	133					133				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,408					1,408				
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,068					2,068				
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	2,068					2,068				
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Total										
DETAILS OF WRITE-INS										
1301.		NONE								
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	132,504	(a)			60,000			7	192,504
21. Issued during year										
22. Other changes to in force (Net)		2,086								2,086
23. In force December 31, current year	7	134,590	(a)			60,000			7	194,590

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201043058100

DIRECT BUSINESS IN THE STATE OF: OTHER ALIEN
DURING THE YEAR 2010

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	316,938				786,542				1,103,480	
2. Annuity considerations	18,917								18,917	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	335,855				786,542				1,122,397	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,979								5,979	
6.2 Applied to pay renewal premiums	2,629								2,629	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	40,430								40,430	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	49,038								49,038	
Annuities:										
7.1 Paid in cash or left on deposit	110								110	
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)	110								110	
8. Grand Totals (Lines 6.5 plus Line 7.4)	49,148								49,148	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	321,273				98,142				419,415	
10. Matured endowments										
11. Annuity benefits	12,153								12,153	
12. Surrender values and withdrawals for life contracts	399,852								399,852	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	790								790	
15. Total	734,068				98,142				832,210	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	248,785			3	35,500			9	284,285
17. Incurred during current year	7	78,594			9	84,672			16	163,266
Settled during current year:										
18.1 By payment in full	9	321,273			8	98,142			17	419,415
18.2 By payment on compromised claims										
18.3 Total paid	9	321,273			8	98,142			17	419,415
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	321,273			8	98,142			17	419,415
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	6,106			4	22,030			8	28,136
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	613	85,644,784	(a)			561,997,526			613	647,642,310
21. Issued during year										
22. Other changes to in force (Net)	(31)	44,599,004				(74,240,220)			(31)	(29,641,216)
23. In force December 31, current year	582	130,243,788	(a)			487,757,306			582	618,001,094

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	46,787	47,921		13,433	13,749
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	46,787	47,921		13,433	13,749

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: GRAND TOTAL
DURING THE YEAR 2010



63967201043059100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	41,966,662		21,262,145		63,228,807
2. Annuity considerations	6,471,960				6,471,960
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	48,438,622		21,262,145		69,700,767
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	1,393,690				1,393,690
6.2 Applied to pay renewal premiums	281,810				281,810
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,008,818				5,008,818
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,684,318				6,684,318
Annuities:					
7.1 Paid in cash or left on deposit	3,361				3,361
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	3,361				3,361
8. Grand Totals (Lines 6.5 plus Line 7.4)	6,687,679				6,687,679
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	28,341,411		15,335,708		43,677,119
10. Matured endowments	132,343				132,343
11. Annuity benefits	4,913,743				4,913,743
12. Surrender values and withdrawals for life contracts	17,927,297				17,927,297
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	208,247				208,247
15. Total	51,523,041		15,335,708		66,858,749

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	247	3,317,666			129	3,391,118			376	6,708,784
17. Incurred during current year	1,694	28,246,307			651	14,619,834			2,345	42,866,141
Settled during current year:										
18.1 By payment in full	1,732	28,473,754			642	15,335,708			2,374	43,809,462
18.2 By payment on compromised claims										
18.3 Total paid	1,732	28,473,754			642	15,335,708			2,374	43,809,462
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,732	28,473,754			642	15,335,708			2,374	43,809,462
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	209	3,090,219			138	2,675,244			347	5,765,463
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	80,014	4,208,990,414		(a)	2	10,837,371,34			80,016	15,046,361,759
21. Issued during year	4,704	298,528,957							4,704	298,528,957
22. Other changes to in force (Net)	(4,842)	(215,969,394)				(395,410,663)			(4,842)	(611,380,057)
23. In force December 31, current year	79,876	4,291,549,977		(a)	2	10,441,960,68			79,878	14,733,510,659

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,354,851	1,372,631		1,052,979	992,603
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,063,950	1,424,269		555,603	813,904
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	310	310		4,157	4,157
25.6 Totals (sum of Lines 25.1 to 25.5)	2,064,260	1,424,579		559,760	818,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,419,111	2,797,210		1,612,739	1,810,664

(b) For health business on indicated lines report: number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 46.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	4,490,452
2. Current year's realized pre-tax capital gains/(losses) of \$ 0 transferred into the reserve net of taxes of \$ 0	2,232,794
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	6,723,246
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,038,814
6. Reserve as of December 31, current year (Line 4 minus Line 5)	5,684,432

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2010	624,637	414,177		1,038,814
2. 2011	540,310	563,989		1,104,299
3. 2012	434,238	259,389		693,627
4. 2013	343,577	216,485		560,062
5. 2014	300,054	172,071		472,125
6. 2015	285,168	124,156		409,324
7. 2016	269,095	90,916		360,011
8. 2017	249,859	74,772		324,631
9. 2018	224,929	56,719		281,648
10. 2019	195,294	38,543		233,837
11. 2020	167,852	17,756		185,608
12. 2021	152,761	8,465		161,226
13. 2022	140,589	9,953		150,542
14. 2023	121,357	11,812		133,169
15. 2024	105,567	13,475		119,042
16. 2025	90,546	15,344		105,890
17. 2026	69,411	16,006		85,417
18. 2027	50,559	15,414		65,973
19. 2028	35,192	14,854		50,046
20. 2029	24,901	14,211		39,112
21. 2030	17,607	13,598		31,205
22. 2031	12,100	12,626		24,726
23. 2032	7,966	11,605		19,571
24. 2033	6,702	10,355		17,057
25. 2034	5,752	9,220		14,972
26. 2035	5,213	7,972		13,185
27. 2036	4,381	6,607		10,988
28. 2037	2,967	5,240		8,207
29. 2038	1,433	3,873		5,306
30. 2039	432	2,392		2,824
31. 2040 and Later		797		797
32. Total (Lines 1 to 31)	4,490,449	2,232,792		6,723,241

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year		10,358,522	10,358,522	206,985	361,670	568,655	10,927,177
2. Realized capital gains/(losses) net of taxes-General Account	(231,557)	(28,130)	(259,687)	121,202	(4,644)	116,558	(143,129)
3. Realized capital gains/(losses) net of taxes-Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account	(19,559)	(66,000)	(85,559)	325,591		325,591	240,032
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic Contribution	613,219	2,956,804	3,570,023				3,570,023
8. Accumulated Balances (Lines 1 through 5 - 6 + 7)	362,103	13,221,196	13,583,299	653,778	357,026	1,010,804	14,594,103
9. Maximum Reserve	3,124,610	9,058,288	12,182,898	611,420	1,476,586	2,088,006	14,270,904
10. Reserve Objective	2,214,830	5,709,177	7,924,007	609,823	1,476,586	2,086,409	10,010,416
11. 20% of (Line 10 - Line 8)	370,545	(1,502,404)	(1,131,859)	(8,791)	223,912	215,121	(916,738)
12. Balance Before Transfers (Lines 8 + 11)	732,648	11,718,792	12,451,440	644,987	580,938	1,225,925	13,677,365
13. Transfers	2,391,961	(2,660,504)	(268,543)	(33,568)	302,111	268,543	X X X
14. Voluntary Contribution							
15. Adjustment down to Maximum/up to Zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3,124,609	9,058,288	12,182,897	611,419	883,049	1,494,468	13,677,365

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
30		LONG-TERM BONDS										
	1	Exempt Obligations	34,244,004	X X X	X X X	34,244,004	0.0000		0.0000		0.0000	
	2	1 Highest Quality	373,064,359	X X X	X X X	373,064,359	0.0004	149,226	0.0023	858,048	0.0030	1,119,193
	3	2 High Quality	113,762,539	X X X	X X X	113,762,539	0.0019	216,149	0.0058	659,823	0.0090	1,023,863
	4	3 Medium Quality	8,635,854	X X X	X X X	8,635,854	0.0093	80,313	0.0230	198,625	0.0340	293,619
	5	4 Low Quality	5,519,573	X X X	X X X	5,519,573	0.0213	117,567	0.0530	292,537	0.0750	413,968
	6	5 Lower Quality	885,676	X X X	X X X	885,676	0.0432	38,261	0.1100	97,424	0.1700	150,565
	7	6 In or Near Default	385,042	X X X	X X X	385,042	0.0000		0.2000	77,008	0.2000	77,008
	8	Total Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
	9	Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net Admitted Asset)	536,497,047	X X X	X X X	536,497,047	X X X	601,516	X X X	2,183,465	X X X	3,078,216
		PREFERRED STOCKS										
	10	1 Highest Quality	1,000,000	X X X	X X X	1,000,000	0.0004	400	0.0023	2,300	0.0030	3,000
	11	2 High Quality	1,007,500	X X X	X X X	1,007,500	0.0019	1,914	0.0058	5,844	0.0090	9,068
	12	3 Medium Quality	1,009,600	X X X	X X X	1,009,600	0.0093	9,389	0.0230	23,221	0.0340	34,326
	13	4 Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
	14	5 Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
	15	6 In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
	16	Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
	17	Total Preferred Stocks (Sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset)	3,017,100	X X X	X X X	3,017,100	X X X	11,703	X X X	31,365	X X X	46,394
		SHORT-TERM BONDS										
18		Exempt Obligations	21,856,434	X X X	X X X	21,856,434	0.0000		0.0000		0.0000	
19	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
20	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
21	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
22	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
23	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
24	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
25		Total Short-term Bonds (Sum of Lines 18 through 24)	21,856,434	X X X	X X X	21,856,434	X X X		X X X		X X X	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
26		DERIVATIVE INSTRUMENTS										
27	1	Exchange Traded		X X X	X X X		0.0004		0.0023		0.0030	
28	2	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
29	3	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
30	4	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
31	5	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
32	6	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
33		In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
34		Total Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34		TOTAL (Lines 9 + 17 + 25 + 33)	561,370,581	X X X	X X X	561,370,581	X X X	613,219	X X X	2,214,830	X X X	3,124,610
35		MORTGAGE LOANS										
35		In Good Standing:										
36		Farm Mortgages			X X X		0.0221 (a)		0.0420 (a)		0.0665 (a)	
37		Residential Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
38		Residential Mortgages-All Other			X X X		0.0013		0.0030		0.0040	
39		Commercial Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
40		Commercial Mortgages-All Other	120,828,399		X X X	120,828,399	0.0221 (a)	2,670,308	0.0420 (a)	5,074,793	0.0665 (a)	8,035,089
41		In Good Standing With Restructured Terms	2,842,220		X X X	2,842,220	0.1008 (b)	286,496	0.2232 (b)	634,384	0.3600 (b)	1,023,199
42		Overdue, Not in Process:										
43		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
44		Residential Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
45		Residential Mortgages-All Other			X X X		0.0025		0.0058		0.0090	
46		Commercial Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
47		Commercial Mortgages-All Other			X X X		0.0420		0.0760		0.1200	
48		In Process of Foreclosure:										
49		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
50		Residential Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
51		Residential Mortgages-All Other			X X X		0.0000		0.0130		0.0130	
52		Commercial Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
53		Commercial Mortgages-All Other			X X X		0.0000		0.1700		0.1700	
54		Total Schedule B Mortgages (Sum of Lines 35 through 50)										
55		(Page 2, Line 3, Net Admitted Assset)	123,670,619		X X X	123,670,619	X X X	2,956,804	X X X	5,709,177	X X X	9,058,288
56		Schedule DA Mortgages			X X X		(c)		(c)		(c)	
57		Total Mortgage Loans on Real Estate (Lines 51 + 52)	123,670,619		X X X	123,670,619	X X X	2,956,804	X X X	5,709,177	X X X	9,058,288

(a) Times the company's Experience Adjustment Factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated Public	3,022,209	X X X	X X X	3,022,209	0.0000		0.2009 (d)	607,162	0.2009 (d)	607,162
2		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
3		Federal Home Loan Bank	532,200	X X X	X X X	532,200	0.0000		0.0050	2,661	0.0080	4,258
4		Affiliated Life with AVR	1,857,065	X X X	X X X	1,857,065	0.0000		0.0000		0.0000	
Affiliated Investment Subsidiary:												
5		Fixed Income Exempt Obligations					X X X		X X X		X X X	
6		Fixed Income Highest Quality					X X X		X X X		X X X	
7		Fixed Income High Quality					X X X		X X X		X X X	
8		Fixed Income Medium Quality					X X X		X X X		X X X	
9		Fixed Income Low Quality					X X X		X X X		X X X	
10		Fixed Income Lower Quality					X X X		X X X		X X X	
11		Fixed Income In/Near Default					X X X		X X X		X X X	
12		Unaffiliated Common Stock Public					0.0000		0.2000 (d)		(d)	
13		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
14		Mortgage Loans					(c)		(c)		(c)	
15		Real Estate					(e)		(e)		(e)	
16		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
17		Affiliated-All Other		X X X	X X X		0.0000		0.1600		0.1600	
18		Total Common Stock (Sum of Lines 1 through 17) (Page 2, Line 2.2, Net Admitted Asset)	5,411,474			5,411,474	X X X		X X X	609,823	X X X	611,420
REAL ESTATE												
19		Home Office Property (General Account only)	6,944,022			6,944,022	0.0000		0.0750	520,802	0.0750	520,802
20		Investment Properties	3,364,089			3,364,089	0.0000		0.0750	252,307	0.0750	252,307
21		Properties Acquired in Satisfaction of Debt	6,395,247			6,395,247	0.0000		0.1100	703,477	0.1100	703,477
22		Total Real Estate (Sum of Lines 19 through 21)	16,703,358			16,703,358	X X X		X X X	1,476,586	X X X	1,476,586
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000	
24	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
25	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
26	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
27	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
28	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
29	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
30		Total with Bond Characteristics (Sum of Lines 23 through 29)		X X X	X X X		X X X		X X X		X X X	

NONE

ASSET VALUATION RESERVE (continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
32	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
33	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
34	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
35	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
36	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
37		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
38		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)		X X X	X X X		X X X		X X X		X X X	
33		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm Mortgages			X X X		(a)		(a)		(a)	
40		Residential Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
41		Residential Mortgages-All Other		X X X	X X X		0.0013		0.0030		0.0040	
42		Commercial Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
43		Commercial Mortgages-All Other			X X X		(a)		(a)		(a)	
44		In Good Standing With Restructured Terms			X X X		(b)		(b)		(b)	
		Overdue, Not in Process:										
45		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
46		Residential Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
47		Residential Mortgages-All Other			X X X		0.0025		0.0058		0.0090	
48		Commercial Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
49		Commercial Mortgages-All Other			X X X		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
50		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
51		Residential Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
52		Residential Mortgages-All Other			X X X		0.0000		0.0130		0.0130	
53		Commercial Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
54		Commercial Mortgages-All Other			X X X		0.0000		0.1700		0.1700	
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)			X X X		X X X		X X X		X X X	

ASSET VALUATION RESERVE (continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
56		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
57		Unaffiliated Public		X X X	X X X		0.0000		(d)		(d)	
58		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
59		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
60		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
61		Affiliated Other-All Other		X X X	X X X		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 56 through 60)		X X X	X X X		X X X		X X X		X X X	
62		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
63		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
64		Investment Properties					0.0000		0.0750		0.0750	
65		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Lines 62 through 64)					X X X		X X X		X X X	
66		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
67		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
68		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
69		State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC					X X X		X X X		X X X	
71		ALL OTHER INVESTMENTS										
72		Other Invested Assets-Schedule BA		X X X			0.0000		0.1300		0.1300	
73		Other Short-term Invested Assets-Schedule DA		X X X			0.0000		0.1300		0.1300	
74		Total All Other (Lines 71 + 72)		X X X			X X X		X X X		X X X	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70, and 73)					X X X		X X X		X X X	

34

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
				NONE				
0599999 Total								

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
443551	7108	PA	1998	30,000	167	30,000	Misrepresentation of Health History
616650	3322	GA	1993	25,000	31	25,000	Misrepresentation of Health History
736190	4701	MI	2004	20,000	565	20,000	Misrepresentation of Health History
745910	7499	MI	2007	3,500	1,814	3,500	Misrepresentation of Health History
748941	9079	GA	2008	3,000	491	3,000	Misrepresentation of Health History
749198	6941	MS	2007	3,000	79	3,000	Misrepresentation of Health History
750018	11529	IL	2008	10,000	1,675	10,000	Misrepresentation of Health History
751558	7571	GA	2007	10,000	62	10,000	Misrepresentation of Health History
751617	7678	OK	2008	75,000	68	75,000	Misrepresentation of Health History
754510	10789	SC	2009	10,000	751	10,000	Misrepresentation of Health History
754745	10845	GA	2009	3,000	889	3,000	Misrepresentation of Health History
755895	11759	GA	2010	10,000	574	10,000	Misrepresentation of Health History
756563	10750	AL	2009	4,900	1,126	4,900	Misrepresentation of Health History
756933	11855	AL	2010	5,000	1,730	5,000	Misrepresentation of Health History
756945	11620	OH	2010	5,000	1,009	5,000	Misrepresentation of Health History
757298	9857	VA	2009	28,000	536	28,000	Misrepresentation of Health History
758324	10830	IL	2009	35,000	1,237	35,000	Misrepresentation of Health History
758875	11986	LA	2010	20,000	1,785	20,000	Misrepresentation of Health History
759269	10394	TX	2009	3,000	127	3,000	Misrepresentation of Health History
759567	10218	AR	2009	5,000	279	5,000	Misrepresentation of Health History
761056	11338	LA	2010	10,000	390	10,000	Misrepresentation of Health History
761289	11323	SC	2010	10,000	432	10,000	Misrepresentation of Health History
761469	11994	LA	2010	3,500	1,365	3,500	Misrepresentation of Health History
761953	11164	AL	2009	4,110	322	4,110	Misrepresentation of Health History
762764	11301	TX	2010	7,000	467	7,000	Misrepresentation of Health History
762896	11814	GA	2010	30,000	468	30,000	Misrepresentation of Health History
763694	11631	GA	2010	5,000	330	5,000	Misrepresentation of Health History
764275	11668	LA	2010	3,000	850	3,000	Misrepresentation of Health History
765364	11699	SC	2010	4,500	465	4,500	Misrepresentation of Health History
766403	11880	IL	2010	4,200	307	4,200	Misrepresentation of Health History
766553	99999	AL	2010	10,000		10,000	Misrepresentation of Health History
767020	12245	FL	2010	1,500	241	1,500	Misrepresentation of Health History
767061	12080	LA	2010	10,000	230	10,000	Misrepresentation of Health History
22470A	11496	GA	2009	5,000	944	5,000	Misrepresentation of Health History
0199999 Disposed - Death Claims - Ordinary				416,210	21,806	416,210	X X X
GP01	MBA09-196	WA	2009	50,000	11	50,000	Suicide Provision/Contestable
GP01	MBA09-283	IL	2009	100,000	109	100,000	Misrepresentation of Health History
0399999 Disposed - Death Claims - Group				150,000	120	150,000	X X X
0599999 Subtotals – Disposed – Death Claims				566,210	21,926	566,210	X X X
GP01	MBA10-291	CA	2010	30,000		30,000	Suicide Provision/Contestable
0899999 Additional Accidental Death Benefit Claims - Group				30,000		30,000	X X X
1099999 Subtotals – Disposed – Addtl Accidental Death Benefit Claims				30,000		30,000	X X X
2699999 Subtotals – Claims Disposed of During Current Year				596,210	21,926	596,210	X X X
746549	6878	WA	2007	50,000	340	50,000	Misrepresentation of Health History
758813	9787	SC	2009	10,000	356	10,000	Misrepresentation of Health History
760873	12335	GA	2010	7,000	2,605	7,000	Misrepresentation of Health History
761940	11720	AL	2010	2,250	1,402	2,250	Misrepresentation of Health History
763636	12520	VA	2010	5,000	294	5,000	Misrepresentation of Health History
765047	12390	IN	2010	10,000	1,473	10,000	Misrepresentation of Health History
2799999 Resisted - Death Claims - Ordinary				84,250	6,470	84,250	X X X
3199999 Subtotals – Resisted – Death Claims				84,250	6,470	84,250	X X X
5299999 Subtotals – Claims Resisted During Current Year				84,250	6,470	84,250	X X X
5399999 Totals				680,460	28,396	680,460	X X X

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %										
PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,596,201	X X X	1,342,890	X X X		X X X		X X X		X X X	253,001	X X X		X X X		X X X	310	X X X
2. Premiums earned	1,572,374	X X X	1,344,674	X X X		X X X		X X X		X X X	227,378	X X X		X X X		X X X	322	X X X
3. Incurred claims	1,155,370	73.5	1,074,530	79.9							81,390	35.8					(550)	(170.8)
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,155,370	73.5	1,074,530	79.9							81,390	35.8					(550)	(170.8)
6. Increase in contract reserves	(37,614)	(2.4)	(37,614)	(2.8)														
7. Commissions (a)	(139,088)	(8.8)	23,138	1.7							(162,232)	(71.3)					6	1.9
8. Other general insurance expenses	519,618	33.0	249,423	18.5							268,721	118.2					1,474	457.8
9. Taxes, licenses and fees	28,357	1.8	26,475	2.0							1,882	0.8						
10. Total other expenses incurred	408,887	26.0	299,036	22.2							108,371	47.7					1,480	459.6
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	45,731	2.9	8,722	0.6							37,617	16.5					(608)	(188.8)
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	45,731	2.9	8,722	0.6							37,617	16.5					(608)	(188.8)

DETAILS OF WRITE-IN LINES																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)																		

NONE

(a) Includes \$ 0 reported as 'Contract, membership and other fees retained by agents.'

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	38,363	12,724				25,623			16
2. Advance premiums	38,345					38,345			
3. Reserve for rate credits									
4. Total premium reserves, current year	76,708	12,724				63,968			16
5. Total premium reserves, prior year	14,535	14,508							27
6. Increase in total premium reserves	62,173	(1,784)				63,968			(11)
B. Contract Reserves:									
1. Additional reserves (a)	355,054	355,054							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	355,054	355,054							
4. Total contract reserves, prior year	392,668	392,668							
5. Increase in contract reserves	(37,614)	(37,614)							
C. Claim Reserves and Liabilities:									
1. Total current year	1,019,641	991,373				25,830			2,438
2. Total prior year	1,121,367	1,114,223							7,144
3. Increase	(101,726)	(122,850)				25,830			(4,706)
PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	379,656	375,499							4,157
1.2 On claims incurred during current year	877,441	821,881				55,560			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	616,025	615,387							638
2.2 On claims incurred during current year	403,616	375,986				25,830			1,800
3. Test:									
3.1 Lines 1.1 and 2.1	995,681	990,886							4,795
3.2 Claim reserves and liabilities, December 31, prior year	1,121,367	1,114,223							7,144
3.3 Line 3.1 minus Line 3.2	(125,686)	(123,337)							(2,349)
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	52,136	52,136							
2. Premiums earned	53,920	53,920							
3. Incurred claims	81,926	81,926							
4. Commissions	22,879	22,879							
B. Reinsurance Ceded:									
1. Premiums written	1,772,603					1,772,603			
2. Premiums earned	1,196,891					1,196,891			
3. Incurred claims	732,515					732,515			
4. Commissions	629,842					629,842			

(a) Includes \$ 0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred Claims			1,805,959	1,805,959
2. Beginning Claim Reserves and Liabilities			411,657	411,657
3. Ending Claim Reserves and Liabilities			604,878	604,878
4. Claims Paid			1,612,738	1,612,738
B. Assumed Reinsurance:				
5. Incurred Claims			81,926	81,926
6. Beginning Claim Reserves and Liabilities			709,710	709,710
7. Ending Claim Reserves and Liabilities			647,235	647,235
8. Claims Paid			144,401	144,401
C. Ceded Reinsurance:				
9. Incurred Claims			732,515	732,515
10. Beginning Claim Reserves and Liabilities				
11. Ending Claim Reserves and Liabilities			232,472	232,472
12. Claims Paid			500,043	500,043
D. Net:				
13. Incurred Claims			1,155,370	1,155,370
14. Beginning Claim Reserves and Liabilities			1,121,367	1,121,367
15. Ending Claim Reserves and Liabilities			1,019,641	1,019,641
16. Claims Paid			1,257,096	1,257,096
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			1,155,370	1,155,370
18. Beginning Reserves and Liabilities			1,121,368	1,121,368
19. Ending Reserves and Liabilities			1,019,641	1,019,641
20. Paid Claims and Cost Containment Expenses			1,257,097	1,257,097

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year.

[illegible]

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
97071	13-3126819	12/01/2003	Generali USA Life Reassurance Company	Lenexa, Kansas	YRT/I	4,134,169	90,543	79,421	133,049				
97071	13-3126819	12/01/2003	Generali USA Life Reassurance Company	Lenexa, Kansas	CO/I	1,300,000	2,996	163	385				
82627	06-0839705	05/01/1981	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	53,321,178	282,188	274,793	374,410				
82627	06-0839705	04/01/1977	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	291,326	1,093	490					
82627	06-0839705	04/01/1997	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	107,237,225	425,420	418,283	423,481				
82627	06-0839705	05/01/2002	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	490,412,443	10,093,823	9,221,760	1,385,765				
82627	06-0839705	01/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	86,310,664	529,047	283,613	311,633				
82627	06-0839705	01/01/2004	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	210,296,579	610,349	614,562	593,670				
82627	06-0839705	11/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	150,317,024	338,520	135,625	174,751				
82627	06-0839705	09/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	15,819,185	17,372		7,183				
65676	35-0472300	09/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	76,086,968	433,060	410,412	487,333				
65676	35-0472300	06/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	4,263,031	52,617	39,084	75,210				
65676	35-0472300	07/01/2000	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	6,458,314	152,115	138,156	14,215				
65676	35-0472300	12/01/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	9,797,177	170,152	162,700	20,009				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	2,238,398	10,759	8,883	13,176				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	1,781,751	19,287	6,775	9,258				
65676	35-0472300	07/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				43,815				
65676	35-0472300	08/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				16,049				
65676	35-0472300	10/01/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	63,805	17,263	22,124					
90670	43-1178580	05/01/1984	Scottish Re Life Corporation	Wilmington, Delaware	YRT/I	5,019,265	44,944	45,849	67,117				
90670	43-1178580	09/01/1981	Scottish Re Life Corporation	Wilmington, Delaware	CO/I	5,282,747	47,072	25,002	33,421				
82627	06-0839705	06/01/1986	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	4,352	199	382					
82627	06-0839705	01/01/1994	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	156,836	1,056	964					
86258	13-2572994	04/01/1987	General Re Life Corporation	Stamford, Connecticut	YRT/I	100,000	257	236	448				
86258	13-2572994	08/15/2002	General Re Life Corporation	Stamford, Connecticut	CO/I	2,585,000	32,810	33,920	10,527				
90670	43-1178580	01/01/1993	Scottish Re Life Corporation	Wilmington, Delaware	YRT/I	2,971,519	33,943	31,989	42,952				
88099	75-1608507	01/01/1993	Optimum Re	Dallas, Texas	YRT/I	1,857,167	17,645	17,173	33,170				
88099	75-1608507	01/01/1993	Optimum Re	Dallas, Texas	CO/I	2,742,985	34,668	41,561	32,890				
88099	75-1608507	08/15/1999	Optimum Re	Dallas, Texas	CO/I	4,145,284	189,208	170,184	22,823				
93572	43-1235868	11/01/1994	RGA Reinsurance Company	Chesterfield, Missouri	YRT/I	3,620,686	19,114	19,922	24,869				
65676	35-0472300	03/02/1987	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/I				12,000				
65676	35-0472300	01/01/2003	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/G				12,000				
86231	39-0989781	01/01/1994	Transamerica Life Insurance Company	Cedar Rapids, Iowa	YRT/I	25,054	1,379	733	3,006				
86231	39-0989781	01/01/1994	Transamerica Life Insurance Company	Cedar Rapids, Iowa	CO/I	1,280,000	11,360	30,078	4,246				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	YRT/I	2,838,669	14,178	11,880	17,472				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	CO/I	115,836,910	1,246,775	1,403,675	283,224				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	DIS/I		21,564	24,311					
65242	35-0457540	01/01/1998	Lafayette Life Insurance Company	Lafayette, Indiana	ACO/I		534,562	725,143					

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

[illegible]

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1	2	3	4	5
	2010	2009	2008	2007	2006
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	21,638	17,654	18,133	20,164	21,429
2. Commissions and reinsurance expense allowances	5,658	4,531	4,384	4,707	4,701
3. Contract claims	14,311	10,744	13,133	14,780	16,690
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders	1	1	1	1	1
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts	1,161	1,346	1,331	970	2,225
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	2,428	2,811	2,417	2,616	3,311
9. Aggregate reserves for life and accident and health contracts	15,653	14,492	13,010	11,679	10,709
10. Liability for deposit-type contracts	18,310	17,848	15,386	13,515	14,055
11. Contract claims unpaid	3,212	3,654	4,312	4,215	5,461
12. Amounts recoverable on reinsurance	1,559	1,248	1,128	2,262	1,718
13. Experience rating refunds due or unpaid	777	354	748	553	
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances unpaid	768	667	631	716	714
16. Unauthorized reinsurance offset	2	2	2	2	2
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)					
18. Letters of credit (L)					
19. Trust agreements (T)					
20. Other (O)					

SCHEDULE S – PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	785,848,350		785,848,350
2. Reinsurance (Line 16)	3,896,062	(3,443,326)	452,736
3. Premiums and considerations (Line 15)	9,388,821	2,428,123	11,816,944
4. Net credit for ceded reinsurance	X X X	35,843,159	35,843,159
5. All other admitted assets (balance)	22,064,799		22,064,799
6. Total assets excluding Separate Accounts (Line 26)	821,198,032	34,827,956	856,025,988
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	821,198,032	34,827,956	856,025,988
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	615,927,884	15,653,167	631,581,051
10. Liability for deposit-type contracts (Line 3)	61,625,549	18,309,933	79,935,482
11. Claim reserves (Line 4)	7,058,581	3,212,075	10,270,656
12. Policyholder dividends/reserves (Lines 5 through 7)	6,706,225		6,706,225
13. Premium & annuity considerations received in advance (Line 8)	108,016		108,016
14. Other contract liabilities (Line 9)	9,090,528	(2,345,507)	6,745,021
15. Reinsurance in unauthorized companies (Line 24.2)	1,713	(1,713)	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			
17. All other liabilities (balance)	28,631,467		28,631,467
18. Total liabilities excluding Separate Accounts (Line 26)	729,149,963	34,827,955	763,977,918
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)	729,149,963	34,827,955	763,977,918
21. Capital & surplus (Line 38)	92,048,069	X X X	92,048,069
22. Total liabilities, capital & surplus (Line 39)	821,198,032	34,827,955	856,025,987
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	15,653,167		
24. Claim reserves	3,212,075		
25. Policyholder dividends/reserves			
26. Premium & annuity considerations received in advance			
27. Liability for deposit-type contracts	18,309,933		
28. Other contract liabilities	(2,345,507)		
29. Reinsurance ceded assets	3,443,326		
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables	38,272,994		
32. Premiums and considerations	2,428,123		
33. Reinsurance in unauthorized companies	1,712		
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets	2,429,835		
37. Total net credit for ceded reinsurance	35,843,159		

SCHEDULE T - PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama AL	1,808,592	1,789				1,810,381
2.	Alaska AK	205,046					205,046
3.	Arizona AZ	1,222,614	80,802				1,303,416
4.	Arkansas AR	1,063,459	33,594				1,097,053
5.	California CA	6,066,098	75,553				6,141,651
6.	Colorado CO	1,278,200	13,558				1,291,758
7.	Connecticut CT	316,393	35,505				351,898
8.	Delaware DE	136,580					136,580
9.	District of Columbia DC	226,626					226,626
10.	Florida FL	5,885,500	33,849				5,919,349
11.	Georgia GA	3,783,461	106,411				3,889,872
12.	Hawaii HI	944,276	1,601				945,877
13.	Idaho ID	208,472					208,472
14.	Illinois IL	1,303,129	720				1,303,849
15.	Indiana IN	713,403	64,443				777,846
16.	Iowa IA	181,534	153				181,687
17.	Kansas KS	460,720	4,000				464,720
18.	Kentucky KY	763,088	12,300				775,388
19.	Louisiana LA	1,626,223	116,384				1,742,607
20.	Maine ME	144,260					144,260
21.	Maryland MD	1,263,100	2,500				1,265,600
22.	Massachusetts MA	536,280	309,312				845,592
23.	Michigan MI	807,923					807,923
24.	Minnesota MN	222,297					222,297
25.	Mississippi MS	765,828	41,293				807,121
26.	Missouri MO	636,428	11,150				647,578
27.	Montana MT	80,106					80,106
28.	Nebraska NE	190,073					190,073
29.	Nevada NV	560,624	1,970				562,594
30.	New Hampshire NH	209,622	113,849				323,471
31.	New Jersey NJ	255,173					255,173
32.	New Mexico NM	811,447	179,186				990,633
33.	New York NY	426,507					426,507
34.	North Carolina NC	3,072,815	24,610				3,097,425
35.	North Dakota ND	74,540					74,540
36.	Ohio OH	1,417,923	88,174				1,506,097
37.	Oklahoma OK	1,292,290	2,584,150				3,876,440
38.	Oregon OR	268,319	1,865				270,184
39.	Pennsylvania PA	888,501	2,100				890,601
40.	Rhode Island RI	374,950					374,950
41.	South Carolina SC	1,655,757	64,222				1,719,979
42.	South Dakota SD	127,471					127,471
43.	Tennessee TN	2,137,891	718,471				2,856,362
44.	Texas TX	8,414,105	1,614,304	310			10,028,719
45.	Utah UT	411,055	500				411,555
46.	Vermont VT	118,653	2,200				120,853
47.	Virginia VA	4,358,498	44,636				4,403,134
48.	Washington WA	1,405,608	5,200				1,410,808
49.	West Virginia WV	348,912					348,912
50.	Wisconsin WI	311,634					311,634
51.	Wyoming WY	130,039	62,689				192,728
52.	American Samoa AS	2,533					2,533
53.	Guam GU	166,993					166,993
54.	Puerto Rico PR	35,445					35,445
55.	U.S. Virgin Islands VI	5,272					5,272
56.	Northern Mariana Islands MP	2,026					2,026
57.	Canada CN	1,011					1,011
58.	Aggregate Other Alien OT	1,103,480	18,917				1,122,397
59.	Totals	63,228,803	6,471,960	310			69,701,073

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28.

Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?

NO
29.

Will the Actuarial Cerifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO
30.

Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO
31.

Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO
32.

Will the Actuarial Certification Related to the Reserves required by Actuarial Guidelines XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

NO
33.

Will the Workers' Compensation Carve-Out Supplement be filed by March 1?

NO
34.

Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?

YES
35.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO

APRIL FILING

36.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

NO
37.

Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?

YES
38.

Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

NO
39.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES
40.

Will the Analysis of Annuity Operation by Lines of Business be filed with the state of domicile and the NAIC by April 1?

YES
41.

Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?

YES
42.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

NO
43.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO

AUGUST FILING

44.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

NO

Explanation:

Bar Code:



6396720104200000



63967201037100000



63967201044400000



63967201044600000



63967201044800000



63967201045100000



63967201045300000



63967201043700000



63967201043900000



63967201036500000



63967201049000000



63967201044300000



63967201044500000



63967201044700000



63967201044900000



63967201045200000



63967201043600000



63967201043800000



63967201049500000



63967201030600000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



6396720102300000



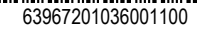
6396720102160000



6396720102170000



6396720102230000

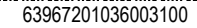


FOR THE STATE OF ALABAMA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

AL

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF ARIZONA

Title Controller Telephone Number 210-357-2277

AZ

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF ARKANSAS

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP25	G	NO	34	10/12/2010				Medicare Supplement					103			1
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														103			1
AR																	

GENERAL INTERROGATORIES

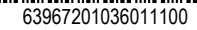
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

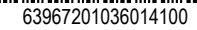


FOR THE STATE OF GEORGIA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

GA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF ILLINOIS

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201036017100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF KANSAS

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/17/2010				MEDICARE SUPPLEMENT					2,986	236	7.90	4
YES	MTP25	G	NO	34	03/17/2010				MEDICARE SUPPLEMENT					2,356	3,257	138.20	5
YES	MTP31	N	NO	34	03/17/2010				MEDICARE SUPPLEMENT					375	183	48.80	1
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														5,717	3,676	64.30	10
KS																	

GENERAL INTERROGATORIES

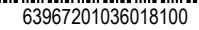
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF KENTUCKY

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

KY

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201036019100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF LOUISIANA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/12/2010				MEDICARE SUPPLEMENT					25,974	9,326	35.90	60
YES	MTP25	G	NO	34	03/12/2010				MEDICARE SUPPLEMENT					1,351	485	35.90	2
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														27,325	9,811	35.90	62
LA																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201036023100

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201036024100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF MINNESOTA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP36	O	NO	34	08/02/2010				MEDICARE SUPPLEMENT					6,781	5,630	83.00	15
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														6,781	5,630	83.00	15
NM																	

GENERAL INTERROGATORIES

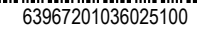
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

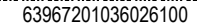


FOR THE STATE OF MISSISSIPPI

Title Controller Telephone Number 210-357-2277

MS

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF MISSOURI

Title Controller Telephone Number 210-357-2277

MO

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201036028100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF NEBRASKA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/09/2010				MEDICARE SUPPLEMENT					19,028	9,608	50.50	43
YES	MTP25	G	NO	34	03/09/2010				MEDICARE SUPPLEMENT					3,028	1,182	39.00	9
YES	MTP31	N	NO	34	03/09/2010				MEDICARE SUPPLEMENT					774	340	43.90	2
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														22,830	11,130	48.80	54
NE																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF OHIO

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP22	C	NO	34	02/11/2010				MEDICARE SUPPLEMENT					32,318	19,246	59.60	54
YES	MTP23	D	NO	34	02/11/2010				MEDICARE SUPPLEMENT					15,929	10,126	63.60	37
YES	MTP24	F	NO	34	02/11/2010				MEDICARE SUPPLEMENT					99,927	80,322	80.40	186
YES	MTP25	G	NO	34	02/11/2010				MEDICARE SUPPLEMENT					58,621	21,048	35.90	116
YES	MTP31	N	NO	34	02/11/2010				MEDICARE SUPPLEMENT					35,505	13,497	38.00	73
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														242,300	144,239	59.50	466
HO																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

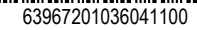
3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201036037100

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

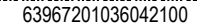


FOR THE STATE OF SOUTH CAROLINA

Title Controller Telephone Number 210-357-2277

SC

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

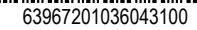


FOR THE STATE OF SOUTH DAKOTA

Title Controller Telephone Number 210-357-2277

SD

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

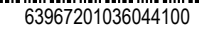


FOR THE STATE OF TENNESSEE

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

IN

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

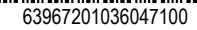


FOR THE STATE OF TEXAS

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

TX

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF VIRGINIA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

VA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201036048100

For The Year Ended December 31, 2010
(To Be Filed By March 1)

FOR THE STATE OF WASHINGTON

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP25	G	NO	34	03/24/2010				MEDICARE SUPPLEMENT					689	407	59.10	1
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														689	407	59.10	1
WA																	

GENERAL INTERROGATORIES

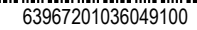
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF WEST VIRGINIA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

W

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



63967201046500100

SCHEDULE O SUPPLEMENT
For The Year Ended December 31, 2010
(To Be Filed By March 1)

Of The Government Personnel Mutual Life Insurance Company Insurance Company
Address (City, State, Zip Code) San Antonio, TX 78217
NAIC Group Code 4712 NAIC Company Code 63967 Employer's ID Number 74-0651020

SUPPLEMENTAL SCHEDULE O - PART 1
Development of Incurred Losses
(\$000 OMITTED)
Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2006	2 2007	3 2008	4 2009	5 2010 (a)
1. Prior	335	42	24	11	38
2. 2006	793	348	58	20	11
3. 2007	X X X	784	353	39	13
4. 2008	X X X	X X X	797	334	29
5. 2009	X X X	X X X	X X X	852	268
6. 2010	X X X	X X X	X X X	X X X	822

Section B - Other Accident and Health

1. Prior					
2. 2006	4	3			
3. 2007	X X X	2			
4. 2008	X X X	X X X	2	1	
5. 2009	X X X	X X X	X X X	2	4
6. 2010	X X X	X X X	X X X	X X X	56

Section C - Credit Accident and Health

1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 2
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section B - Other Accident and Health

1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

Section C - Credit Accident and Health

1. Prior					
2. 2006					
3. 2007	X X X				
4. 2008	X X X	X X X			
5. 2009	X X X	X X X	X X X		
6. 2010	X X X	X X X	X X X	X X X	

SCHEDULE O SUPPLEMENT (continued)

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. 2006	1,240	1,254	1,272	X X X	X X X
2. 2007	X X X	1,176	1,284	1,249	X X X
3. 2008	X X X	X X X	1,336	1,252	1,222
4. 2009	X X X	X X X	X X X	1,293	1,222
5. 2010	X X X	X X X	X X X	X X X	1,198

Section B - Other Accident and Health

1. 2006	6	7	6	X X X	X X X
2. 2007	X X X	8	6	3	X X X
3. 2008	X X X	X X X	13	4	4
4. 2009	X X X	X X X	X X X	9	7
5. 2010	X X X	X X X	X X X	X X X	83

Section C - Credit Accident and Health

1. 2006				X X X	X X X
2. 2007	X X X				X X X
3. 2008	X X X	X X X			
4. 2009	X X X	X X X	X X X		
5. 2010	X X X	X X X	X X X	X X X	

NONE

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 4
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. 2006	1,240	1,254	1,272		
2. 2007	X X X	1,176	1,284	1,249	
3. 2008	X X X	X X X	1,336	1,252	1,222
4. 2009	X X X	X X X	X X X	1,293	1,222
5. 2010	X X X	X X X	X X X	X X X	1,198

Section B - Other Accident and Health

1. 2006	6	7	6		
2. 2007	X X X	8	6	3	
3. 2008	X X X	X X X	13	4	4
4. 2009	X X X	X X X	X X X	9	7
5. 2010	X X X	X X X	X X X	X X X	83

Section C - Credit Accident and Health

1. 2006					
2. 2007	X X X				
3. 2008	X X X	X X X			
4. 2009	X X X	X X X	X X X		
5. 2010	X X X	X X X	X X X	X X X	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)
Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Other	4,759
3. Individual annuity	Other	306
4. Supplementary contracts		217
5. Credit life		
6. Group life	Other	905
7. Group annuities		
8. Group accident and health	Various	991
9. Credit accident and health		
10. Other accident and health	Other	28
11. Total		7,206

OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX TO LIFE ANNUAL STATEMENT

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 1A – Section 1	SI05
Analysis of Operations By Lines of Business	6	Schedule D – Part 1A – Section 2	SI08
Asset Valuation Reserve Default Component	30	Schedule D – Part 2 – Section 1	E11
Asset Valuation Reserve Equity	32	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 3	E13
Asset Valuation Reserve	29	Schedule D – Part 4	E14
Assets	2	Schedule D – Part 5	E15
Cash Flow	5	Schedule D – Part 6 – Section 1	E16
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Part 6 – Section 2	E16
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance		Schedule D – Summary By Country	SI04
Commissions and Expense	10	Schedule D – Verification Between Years	SI03
Exhibit 2 – General Expenses	11	Schedule DA – Part 1	E17
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DA – Verification Between Years	SI11
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 1	E18
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Interrogatories	13	Schedule DB – Part A – Verification Between Years	SI12
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part B – Verification Between Years	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 1	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part C – Section 2	SI14
Exhibit of Capital Gains (Losses)	8	Schedule DB - Part D	E22
Exhibit of Life Insurance	25	Schedule DB - Verification	SI15
Exhibit of Net Investment Income	8	Schedule DL - Part 1	E23
Exhibit of Nonadmitted Assets	18	Schedule DL - Part 2	E24
Exhibit of Number of Policies, Contracts, Certificates, Income		Schedule E – Part 1 – Cash	E25
Payable and Account Values	27	Schedule E – Part 2 – Cash Equivalents	E26
Five-Year Historical Data	22	Schedule E – Part 3 – Special Deposits	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Verification Between Years	SI16
General Interrogatories	20	Schedule F	36
Jurat Page	1	Schedule H – Accident and Health Exhibit – Part 1	37
Liabilities, Surplus and Other Funds	3	Schedule H – Part 2, Part 3 and Part 4	38
Life Insurance (State Page)	24	Schedule H – Part 5 – Health Claims	39
Notes To Financial Statements	19	Schedule S – Part 1 – Section 1	40
Overflow Page For Write-ins	53	Schedule S – Part 1 – Section 2	41
Schedule A – Part 1	E01	Schedule S – Part 2	42
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 1	43
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 2	44
Schedule A – Verification Between Years	SI02	Schedule S – Part 4	45
Schedule B – Part 1	E04	Schedule S – Part 5	46
Schedule B – Part 2	E05	Schedule S – Part 6	47
Schedule B – Part 3	E06	Schedule T – Part 2 Interstate Compact	49
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Annuity Considerations	48
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule BA – Part 2	E08	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	51
Schedule BA – Part 3	E09	Summary Investment Schedule	SI01
Schedule BA – Verification Between Years	SI03	Summary of Operations	4
Schedule D – Part 1	E10	Supplemental Exhibits and Schedules Interrogatories	52